

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91152 042 ***158.75

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DOCUMENT # P96000000439

1. Entity Name
MULDOON WAREHOUSE I, INC.



Principal Place of Business
**1384 WEST MCNAB ROAD
FORT LAUDERDALE FL 33309**

Mailing Address
**11224 YELLOW LEGS LANDING
LAKE WORTH FL 33467**

11030003



2. Principal Place of Business

3. Mailing Address

1440 SE 10 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deerfield Beach, FL

4. FEI Number

65-0642742

Applied For

Not Applicable

Zip

Country

Zip

Country

33441

U.S.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLASSER, GENE K ESQ.
ABRAMS, ANTON, ROBBINS, RESNICK & SCHNEIDER
2021 TYLER STREET
HOLLYWOOD FL 33022**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
RIESGO, CATHERINE
11224 YELLOW LEGS LANDING
LAKE WORTH FL 33467**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1440 SE 10 St
Deerfield Beach, FL 33441**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

Date

Daytime Phone #

CR2E034 (10/02)