## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000078933

1. Entity Name
MOLINA'S RANCH, INC.



## FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90133 032 \*\*\*150.00

Principal Piece of Suprience SOTIVE FALSE ST. SOTIVE FALSE SUITE 294 MANUER 13144  2. Principal Piece of Sushinos Suite April 4, 460.  City & State Country Zip Country Zip Country Sotion April 4, 460.  City & State City & State Country Zip Country Sotion April 4, 460.  City & State Country Zip Country Sotion April 4, 460.  City & State City & State City & State Country Zip Country Zip Country Sotion April 4, 460.  Application Fee Required Fee Required Fee Required Fee Required South April 4, 460.  Stant Address of New Registered Agent  Name South April 4, 460.  Stant Address (P.O. Box Number o Not Acceptable)  Stant Address (P.O. Box Number of Not Acceptable)  Stant							COO WE I						
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Name	Zip								5. Certificate of Status Desired Fee Required				
Street Address (P.O. Box Number is Not Acceptable)	•	6. Name	and Address of C	urrent Registere	d Agent		Name	7.	Name and Address of New Re	egistered Ag	<u>jent</u>		┨
STOW FFLAGER ST. SUITE 234  MIAMI FL 33144  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonda. I am farmillar with, and accept the obligations of registered agent.  SIGNATURE  Signature, toped or printed cares of registered agent and state flackdobbs.  INDIE Headered Agent agent with state of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar with, and accept flack of the obligations of registered agent, or both, in the State of Fonda. I am farmillar	MENDEŽ	EULIVEUU	.r		Name								Ĺ
SUITE 234 MAM FL 33144  City FL Zip Code  8. The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colligations of registered agent.  SIGNATURE  SECRET FLE. NOW!!! FEE IS, 3150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11.  THE  UNGE, JOSE O  919 NW ISSND LANE  SIRET ADDRESS  CITY-ST-ZP  THILE NAME  SIRET ADDRESS  CITY-ST-ZP  THE  NAME  NAME  SIRET ADDRESS  CITY-ST-ZP  THE  NAME  SIRET ADDRESS  CITY-ST-ZP  THE	•				Stree			eet Address (P.O. Box Number is Not Acceptable)					
S. 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 transport to 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 transport to 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. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. In t			•		·								
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12. Hereby certify that the information sufflied 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 addrate 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 207-8600