

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030167

1. Entity Name

MUNDISER CORPORATION

**FILED**  
Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90020 049 \*\*\*150.00

Principal Place of Business

14700 SW 56TH ST  
MIAMI FL 33185

Mailing Address

3240 SW 139TH AVE  
MIAMI FL 33175-6704

2. Principal Place of Business

~~3240 SW 139TH AVE~~ 14700 S.W. 56 St.  
Suite, Apt. #, etc.

3. Mailing Address

1365 S.W. 143rd Court  
Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami - Florida

4. FEI Number

65-0744236

Applied For

Not Applicable

Zip

33185

Country

DADE

Zip

33184

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALTA, MARCO T  
3240 SW 139TH AVE  
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

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

1365 S.W. 143rd Court

City Miami

FL

Zip Code

33184

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MALTA, MARCO T	
STREET ADDRESS	3240 SW 139TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OROZCO, BERTISABEL	
STREET ADDRESS	3240 SW 139TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1365 S.W. 143rd Court	
CITY-ST-ZIP	MIAMI - FL. 33184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1365 SW 143rd Court	
CITY-ST-ZIP	Miami - FL 33184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00

Date

(305) 5517860

Daytime Phone #

CR2F034 (9/99)