

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90517 037 \*\*\*150.00

**DOCUMENT # P97000041155**

1. Entity Name  
**MGDEM III, P.A.**



Principal Place of Business

~~251 ROYAL PALM WAY, STE 602~~  
~~PALM BEACH, FL 33480~~

Mailing Address

12765 FOREST HILL BLVD  
SUITE 1302  
WELLINGTON FL 33414

2. Principal Place of Business

12765 Forest Hill Blvd.

3. Mailing Address

Suite, Apt. #, etc.  
Suite 1302

Suite, Apt. #, etc.

City & State

Wellington FL

City & State

4. FEI Number

65-0749084

Applied For

Not Applicable

Zip  
33414

Country  
US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~DE MENDOZA, MARIO G III 203~~  
~~251 ROYAL PALM WAY, STE 602~~  
~~PALM BEACH, FL 33480~~

7. Name and Address of New Registered Agent

Name **Mario G. de Mendoza, III, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
12765 Forest Hill Blvd.  
Suite 1302  
City **Wellington** **FL** Zip Code **33414**

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

**Mario G. de Mendoza, III, President**

1/15/03

Signature typed or printed name of registered agent and date 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

TITLE **D** ☐ Delete  
NAME **DE MENDOZA, MARIO G III**  
STREET ADDRESS **251 ROYAL PALM WAY, STE 602**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **PTS** ☐ Delete  
NAME **DE MENDOZA, MARIO G III**  
STREET ADDRESS **251 ROYAL PALM WAY STE 602**  
CITY-ST-ZIP **PALM BCH-FL 33480**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **de Mendoza, Mario G. III**  
STREET ADDRESS **12765 Forest Hill Blvd., Suite 1302**  
CITY-ST-ZIP **Wellington FL 33414**

TITLE **PTS** ☒ Change ☐ Addition  
NAME **de Mendoza, Mario G. III**  
STREET ADDRESS **12765 Forest Hill Blvd., Suite 1302**  
CITY-ST-ZIP **Wellington FL 33414**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Mario G. de Mendoza, III,**  
President

1/16/03 (561) 784-2930  
Date Daytime Phone #

CR2E034 (10/02)