

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048720

1. Entity Name

MORREN-MONDIAL ASSOCIATES, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90119 030 \*\*\*150.00

Principal Place of Business

HCR 69 R.R. BOX #1258  
 CUTLER ME 04626

Mailing Address

BOX 39606  
 FT LAUDERDALE FL 33339-9606  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2321043

Applied For

Not Applicable

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

BUSH, JAMES N ESQ  
 3042 NORTH FEDERAL HIGHWAY  
 FORT LAUDERDALE FL 33306

*Cancel*

Name

MELTEM BIRKEGREN

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

1531 NE 63RD Street  
 FORT LAUDERDALE

City

FL

Zip Code

33334

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

*Meltem Birkegren*

MELTEM BIRKEGREN

DIRECTOR

04-10-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
 NAME MORREN, JAN F  
 STREET ADDRESS HCR 69 R.R. BOX #1258  
 CITY-ST-ZIP CUTLER ME 04626 ☐ Delete

TITLE DIRECTOR  
 NAME MELTEM BIRKEGREN  
 STREET ADDRESS 1531 NE 63RD Street  
 CITY-ST-ZIP FORT LAUDERDALE, FL 33334 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/2000

Date

Daytime Phone #

954-776-5697

CR2E034 (9/99)