

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069662

1. Entity Name

MOLL SYSTEM CORP.

Principal Place of Business

7401 NW 8TH ST
STE K
MIAMI FL 33126

Mailing Address

5989 S.W. 128TH COURT
MIAMI FL 33183-5401

2. Principal Place of Business

3100 NW 72nd AV.

3. Mailing Address

Suite, Apt. #, etc.

106

City & State

MIAMI, FL

Zip

33122

Country

USA

Country

4. FEI Number

65-0774183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLINARI, DIEGO
5989 S.W. 128TH COURT
MIAMI FL 33183

7. Name and Address of New Registered Agent

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.

SIGNATURE

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. ☐
(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 DPTS ☐ Delete
NAME MOLINARI, DIEGO
STREET ADDRESS 5989 S.W. 128TH COURT
CITY-ST-ZIP MIAMI FL 33183

TITLE V ☐ Delete
NAME MOLINARI, JORGE A
STREET ADDRESS 5989 SW 128TH CT
CITY-ST-ZIP MIAMI FL 33183

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(l), 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:

Diego Molinari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90009 016 ***150.00

631585



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

3/27/2000 305-418-4645