

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90483 027 ***158.75

DOCUMENT # P97000069662

1. Entity Name
MOLL SYSTEM CORP.

Principal Place of Business

**3100 NW 72ND AV.
 106
 MIAMI FL 33122**

Mailing Address

**3100 NW 72 AVE
 SUITE 106
 MIAMI FL 33122**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0774183**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name
Molinari, Diego

Street Address (P.O. Box Number is Not Acceptable)
8311 SW 124 Ave. unit 103

City **Miami**

FL

Zip Code
33183

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, 2002 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 ☐ Delete
 NAME **DPTS**
 STREET ADDRESS **MOLINARI, DIEGO**
 CITY-ST-ZIP **5989 S.W. 128TH COURT**
MIAMI FL 33183

TITLE ☒ Change ☐ Addition
 NAME **MOLINARI, DIEGO**
 STREET ADDRESS **8311 SW 124 AVE UNIT 103**
 CITY-ST-ZIP **MIAMI, FL 33183**

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

TITLE ☒ Change ☐ Addition
 NAME **V**
 STREET ADDRESS **MOLINARI, JORGE A**
 CITY-ST-ZIP **2841 NE 163 St. APT.#710**
MIAMI, FL 33160

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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)(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

Date

Daytime Phone #

4/1/02 305-418-4645

CR2E034 (9/01)