## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE AND TYPED OR PRINTED N

SIGNATURE:

## May 03, 2001 8:00 am Secretary of State DOCUMENT # P98000010737 MENDI RESOURCES, INC. 05-03-2001 90919 007 \*\*\*150.00 Principal Place of Business Mailing Address 13200 SW 128 ST 13200 SW 128 ST SUITE F-1 SUITE F-1 MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 13343 S Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Çity & State 4. FEI Number City & State 65-0813502 Not Applicable Country Zip 3 \$8.75 Additional 5. Certificate of Status Desired 3176 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARROM, ORLANDO CPA Street Address (P.O. Box Number is Not Acceptable) 10556 NW 26 ST SUITE 203 **MIAMI FL 33172** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PSTD TITLE Salsamendi, Fernando, Jr. 13343 S.W. 88 Ave. ☐ Delete SALSMANEID, FERNANDO JR. NAME 13200 SW 128TH ST STE F-1 STREET ADDRESS STREET ADDRESS Mami, FL 33176 MIAMI FL 33186 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change | ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

e empowered.

IGNING OFFICER OR DIRECTOR

PERNONDO SOLSOUGLEDINI?

PRESIDENT