2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90124 001 ***150.00

DOCUMENT # P98000012960

1. Entity Name
M GONZALEZ ENTERPRISE CORPORATION

Principal Place of Business	Mailing Address
~~361 EAST 55TH STREET~~	~~361 EAST 55TH STREET~~
HIALEAH FL 33013 — 4319	HIALEAH FL 33013
1065 E. 21 Street	

DO NOT WRITE IN THIS SPACE

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 65-0831942 ☐ 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
DURAN, ARGELIO	Name
~~361 EAST 55TH STREET~~	Street Address (P.O. Box Number is Not Acceptable)
HIALEAH FL 33013 — 4319	
1065 E. 21 Street	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 _____ DATE
Signature, Typed or Printed name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See other side) ☐

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	P ☐ Delete	Title	☐ Change ☐ Addition
Name	DURAN, ARGEZIO	Name	
Street Address	~~361 E. 55 ST~~	Street Address	
City-St-Zip	HIALEAH FL 33013 — 4319	City-St-Zip	
Title	S ☐ Delete	Title	☐ Change ☐ Addition
Name	DURAN, ARGEZIO	Name	
Street Address	~~361 E. 55 ST.~~	Street Address	
City-St-Zip	HIALEAH FL 33013 — 4319	City-St-Zip	
Title	☐ Delete	Title	☐ Change ☐ Addition
Name		Name	
Street Address	1065 E. 21 Street	Street Address	
City-St-Zip		City-St-Zip	
Title	☐ Delete	Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	☐ Delete	Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	☐ Delete	Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	305 — 885-4505
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 02-05-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #