## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am Secretary of State P98000013169 DOCUMENT # 1. Entity Name 05-19-2002 90206 044 \*\*\*150.00 MIDU SISTERS, INC. Principal Place of Business Mailing Address 9737 NW 41 ST 9737 NW 41 ST #464 #464 MIAMI FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address 37 Street 701 west Suite, Apt. #, etc. Suite, Apt. #; etc. DO NOT WRITE IN THIS SPACE UNIT # City & State City & State 4. FEI Number Applied For 65-0814533 Florida Hilalean Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANCISCO DURAN DURAN, ROSEMARY Street Address (P.O. Box Number is Not Acceptable) 5093 NW 116 AVENUE MIAMI FL 33178 west 37 street くとう士士 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. RANGECO DURAN SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 11. OFFICERS AND DIRECTORS 12. PSD ☐ Addition Delete TITLE TITLE Change FRANCISCO , DURAN NAME DURAN, ROSEMARY NAME 1701 West 37 Street unit \$7 STREET ADDRESS 5093 NW 116 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178 CITY-ST-ZIP Hisacah Florida Delete TITI F ☐ 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 ☐ Delete TITLE 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 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 13.-/ 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

SIGNATURE:

Trancisco o

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