

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90038 028 ***158.75

DOCUMENT # P98000034167

1. Entity Name

MONDRAGON AUTO TECH, INC.

Principal Place of Business	Mailing Address
5097 NW 121 DR CORAL SPRINGS FL 33076 US	5097 NW 121 DR CORAL SPRINGS FL 33076-3501 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0851415	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARRITY, JOSEPH D ESQ 1515 UNIVERSITY DRIVE SUITE 207 CORAL SPRINGS FL 33071	Name: JAMES B. LYON, ESQ. Street Address (P.O. Box Number is Not Acceptable): 1881 University Drive, Suite 206 City: Coral Springs FL Zip Code: 33071

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-009. 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 State10. 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	DP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDRAGON, CARLOS	NAME	
STREET ADDRESS	15295 SW 106 LANE APT 723	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	CITY-ST-ZIP	
TITLE	DVS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDRAGON, MYRIAN	NAME	
STREET ADDRESS	15295 SW 106 LANE APT 723	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDRAGON, MAURICE	NAME	
STREET ADDRESS	15295 SW 106 LANE APT 723	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDRAGON, CARLOS	NAME	Mondragon, Carlos
STREET ADDRESS	6097 NW 121 DRIVE	STREET ADDRESS	5097 NW 121st Drive
CITY-ST-ZIP	CORAL SPRINGS FL 33076	CITY-ST-ZIP	Coral Springs, FL 33076
TITLE	DVS <input type="checkbox"/> Delete	TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDRAGON, MYRIAM	NAME	Mondragon, Myriam
STREET ADDRESS	5097 NW 131 DR	STREET ADDRESS	5097 NW 121st Drive
CITY-ST-ZIP	CORAL SPRINGS FL 33076	CITY-ST-ZIP	Coral Springs, FL 33076
TITLE	DV <input type="checkbox"/> Delete	TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDRAGON, MAURICE	NAME	Mondragon, Maurice
STREET ADDRESS	5097 NW 121 DRIVE	STREET ADDRESS	5097 NW 121st Drive
CITY-ST-ZIP	CORAL SPRINGS FL 33076	CITY-ST-ZIP	Coral Springs, FL 33076

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

PRESIDENT

Date

Daytime Phone #

1-27-00**984-796-C**