

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077281

1. Entity Name

MAGDALENA MENDEZ, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90117 017 ***150.00

Principal Place of Business

12030 NW 13TH ST
PEMBROKE PINES FL 33026

Mailing Address

12030 NW 13TH ST
PEMBROKE PINES FL 33028-1178

2. Principal Place of Business

729 NW 161 Ave.
Suite, Apt. #, etc.

3. Mailing Address

729 NW 161 Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pemb. Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number
65-0858951

Applied For
Not Applicable

Zip
33028

Country
USA

Zip
33028

Country
USA

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

MENDEZ, MAGDALENA
12030 NW 13TH ST
PEMBROKE PINES FL 33026

Name
Magdalena Mendez

Street Address (P.O. Box Number is Not Acceptable)
729 NW 161 Ave.

City
Pembroke Pines FL Zip Code
33028

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
Magdalena Mendez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/2000

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, 2000 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
NAME
D
MENDEZ, MAGDALENA
STREET ADDRESS
12030 N.W. 13TH STREET
CITY-ST-ZIP
PEMBROKE PINES FL 33026 ☐ Delete

TITLE
NAME
729 NW 161 Ave.
STREET ADDRESS
Pembroke Pines, FL 33028 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Magdalena Mendez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000

Date

(934) 430-0917

Daytime Phone #

CR2F034 (9/99)