

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079214

1. Entity Name

MOLINA'S SUBCONTRACTING CORP.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90022 021 ***150.00

Principal Place of Business

2800 S.W. 118TH AVE
MIAMI FL 33175
US

Mailing Address

2800 S.W. 118TH AVE
MIAMI FL 33175-2417
US

2. Principal Place of Business

14069 75 Ln W.
Suite, Apt. #, etc.

3. Mailing Address

14069 75 Ln W.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

4. FEI Number

65-0862935

Applied For

Not Applicable

Zip

33470

Country

USA

Zip

33470

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLINA, ROBERTO
2800 S.W. 118TH AVE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name: Roberto Molina
Street Address (P.O. Box Number is Not Acceptable): 14069 75 Ln W
City: Loxahatchee FL Zip Code: 33470

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: Roberto Molina Roberto Molina 1/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MOLINA, ROBERTO	
STREET ADDRESS	2800 S.W. 118TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLINA, INGRID T	
STREET ADDRESS	2800 S.W. 118TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Molina, Roberto	
STREET ADDRESS	14069 75 Ln W	
CITY-ST-ZIP	Lox, FL 33470	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Molina, Ingrid	
STREET ADDRESS	14069 75 Ln W	
CITY-ST-ZIP	Lox, FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Ingrid Molina 1/27/00 561-333-7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)