

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000079214****1. Entity Name**
MOLINA'S SUBCONTRACTING CORP.**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90015 048 ***150.00

Principal Place of Business

14069 75 LANE WEST
LOXAHATCHEE FL 33470
US

Mailing Address

14069 75 LANE WEST
LOXAHATCHEE FL 33470
US**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 **65-0862935**

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****MOLINA, ROBERTO**
14069 75 LANE WEST
LOXAHATCHEE FL 33470

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	MOLINA, ROBERTO	
STREET ADDRESS	14069 75 LANE WEST	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLINA, INGRID T	
STREET ADDRESS	14069 75 LANE WEST	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)