

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**  
 04-29-2002 90028 008 \*\*\*150.00

**DOCUMENT # P99000008951**

1. Entity Name  
**MIGDALIA MALDONADO CORP.**

Principal Place of Business  
**340 SOUTH MAYORAL ST.  
 MAYORAL RANCH  
 CLEWISTON FL 33440**

Mailing Address  
**HC-61 BOX 657  
 CLEWISTON FLORIDA  
 CLEWISTON FL 33440**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**340 South Mayoral**

3. Mailing Address  
**340 South Mayoral**

Suite, Apt. #, etc.  
**Montura Ranch**

Suite, Apt. #, etc.  
**Montura Ranch**

City & State  
**Clewiston, FL**

City & State  
**Clewiston, FL**

Zip  
**33440**

Country  
**Hendry**

Zip  
**33440**

Country  
**Hendry**

4. FEI Number **65-0898659** ☒ 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

**MALDONADO, MIGDALIA  
 340 SOUTH MAYORAL ST.  
 CLEWISTON FL 33440**

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, 2002 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 STREET ADDRESS CITY-ST-ZIP	PSVT MALDONADO, MIGDALIA HC 61 BOX 657 CLEWISTON FL 33440 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Migdalía Maldonado (Migdelia Maldonado) 4/15/02 863-983-6219  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

U362224 AV

CR2E034 (9/01)