

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90336 001 ***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
**340 SOUTH MAYORAL ST.
MAYORAL RANCH
CLEWISTON FL 33440**

2. Principal Place of Business

340 South Mayoral St

Suite, Apt. #, etc.
Montura Ranch

City & State
Clewiston, FL 33440

Zip
33440

Country
Henry

3. Mailing Address

340 S. mayoral St

Suite, Apt. #, etc.
Montura Ranch

City & State
Clewiston, FL

Zip
33440

Country
Henry



☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSVT** ☐ Delete
NAME **MALDONADO, MIGDALIA**
STREET ADDRESS **HC 61 BOX 657**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Migdalia Maldonado **863-983-6486**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)