

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020916

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90063 013 ***150.00

MOSAICANDO COMPANY

Principal Place of Business

Mailing Address

10 NE 40th STREET
MIAMI, FL 33137

10 NE 40th STREET
MIAMI, FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0913440

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HART, DAVID J
C/O DAVID HART P.A.
100 N. BISCAYNE BLVD. SUITE 2600
MIAMI, FL 33132

Name **JOANNE FRIED E.A.**
Street Address (P.O. Box Number is Not Acceptable)
C/O FLAMINGO ACCOUNTING
10801 SW 51st COURT
City **FORT LAUDERDALE, FL** Zip Code **33328**

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 **JOANNE FRIED E.A., ACCOUNTANT**

Joanne Fried

4/5/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ANTONIETTA DI PIETRO**
STREET ADDRESS **13010 SW 80th AVE.**
CITY-ST-ZIP **MIAMI, FL 33156**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *X Antonietta Di Pietro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIETTA DI PIETRO 4/10/00 (305) 5734221

Date

Daytime Phone #

CR2E034 (9/99)