

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040905

1. Entity Name

M.G. MONDRAGON, STUCCO, INC

FILED

May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90060 002 \*\*\*150.00

Principal Place of Business

2850 N.E. 9 AVE.  
POMPANO BEACH FL 33064

Mailing Address

2850 N.E. 9 AVE.  
POMPANO BEACH FL 33064-5322

2. Principal Place of Business

2850 N.E. 9 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pompano Beach

City & State

Florida

4. FEI Number

65-091 6290

Applied For

Not Applicable

Zip

33064

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MONDRAGON, MARCELA A  
2850 N.E. 9 AVE.  
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

GUERRERO ROZALEZ

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

2850 N.E. 9 AVE

City

Pompano Beach FL

Zip Code

33064

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

2/24/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P. GUERRERO ROZALEZ  
2850 N.E. 9 AVE  
Pompano Beach FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U. P. MARCELA MONDRAGON  
2850 N.E. 9 AVE  
Pompano Beach FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Date

Daytime Phone #

CR2E034 (9/99)