

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040916

1. Entity Name

M.A.R. MOND ENTERPRISES, INC

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90060 004 \*\*\*150.00

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

2850 N.E. 9 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach

Florida

Zip  
33064

Country

Zip

Country

4. FFI Number

65-0916886

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

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

Name

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

2850 N.E. 9 AVE

City

Pompano Beach FL 33064

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]*

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

(NOTE: Registered Agent signature required when reinstating)

2/22/00  
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 ☐ Delete  
NAME Guadalupe ROZALCZ  
STREET ADDRESS 2850 N.E. 9 AVE  
CITY-ST-ZIP Pompano Beach FL 33064

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

TITLE ☐ Delete  
NAME V.P. Marcela Mondragon  
STREET ADDRESS 2850 N.E. 9 AVE  
CITY-ST-ZIP Pompano Beach FL 33064

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

Daytime Phone #

CR2E034 (9/99)