

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED

Aug 24, 2000 8:00 am  
Secretary of State

08-16-2000 90002 006 \*\*\*150.00

DOCUMENT # P99000056370

1. Entity Name

MI PETIT USA, INC.

Principal Place of Business

201 GALEN DRIVE, APT. 116  
KEY BISCAYNE FL 33149

Mailing Address

201 GALEN DRIVE, APT. 116  
KEY BISCAYNE FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number

65-0949 170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, EDITH  
201 GALEN DRIVE, APT. 116  
KEY BISCAYNE FL 33149

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

*Edith Mendoza*

(NOTE: Registered Agent signature required when reinstating)

8/1/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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	D	<input type="checkbox"/> Delete
NAME	MENDOZA, EDITH	
STREET ADDRESS	201 GALEN DRIVE, APT. 116	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cristina Ledon	
STREET ADDRESS	201 Galen Drive, Apt. 116	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

*Edith Mendoza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/00

305-365-2871

Daytime Phone #

Attachment P99000056370

**MI PETIT USA, INC**

**201 Galen Drive, Apt. 116**

**Key Biscayne, FL 33149**

107899

August 1, 2000

Division of Corporation

P.O. Box 6327

Tallahassee, FL 32314

I Edith Mendoza never received first notice for payment.

Sincerely,



Edith Mendoza  
President of MI PETIT USA, INC.