2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90032 023 ***158.75

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DOCUMENT # P99000094405

1. Entity Name
MENDIVE INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
1490 W 49 PLACE HIALEAH, FL 33012	1490 W 49 PLACE HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	PO BOX 651838
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI, FL
Zip / Country	Zip: 33265-1838 Country: USA

4. FEI Number: 65-0955928 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MENDIVE-GARCIA, YIN H
1490 W 49 PLACE
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
Name: ANSELMO M. MENDIVE
Street Address (P.O. Box Number is Not Acceptable): 3130 SW 109 Ct.
City: MIAMI FL Zip Code 33165

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] 05-23-2000
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: PD NAME: MENDIVE, ANSELMO M. STREET ADDRESS: 1490 W 49 PLACE CITY-ST-ZIP: HIALEAH, FL 33012	☐ Delete	TITLE: V NAME: MENDIVE, AMPARO STREET ADDRESS: 1490 W 49 PLACE CITY-ST-ZIP: HIALEAH, FL 33012	☑ Change ☐ Addition
TITLE: SD NAME: MENDIVE-GARCIA, YIN H. STREET ADDRESS: 1490 W 49 PLACE CITY-ST-ZIP: HIALEAH, FL 33012	☐ Delete	TITLE: T NAME: MENDIVE, VANEYS STREET ADDRESS: 1490 W 49 PLACE CITY-ST-ZIP: HIALEAH, FL 33012	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 [signature] 05-23-2000 (305) 628-2490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #