

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094405

1. Entity Name

MENDIVE INVESTMENT GROUP, INC.

Principal Place of Business

1490 W 49 PLACE
HIALEAH FL 33012

Mailing Address

1490 W 49 PLACE
HIALEAH FL 33012

2. Principal Place of Business

1490 W 49 Place
Suite 311

3. Mailing Address

PO BOX 651838

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

MIAMI FLORIDA

Zip

Country

33012

USA

Zip

Country

33265

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENDIVE, ANSELMO
3130 SW 109TH CT
MIAMI FL 33165

Name

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

City

FL

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, 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, 2001 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 ☐ Delete
NAME MENDIVE, ANSELMO M
STREET ADDRESS 1490 W 49 PLACE
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE SD ☐ Delete
NAME MENDIVE-GARCIA, YIN H.
STREET ADDRESS 1490 W 49 PLACE
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE SD ☐ Delete
NAME MENDIVE, AMPARO
STREET ADDRESS 1490 W 49 PLACE
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE SD ☐ Delete
NAME MENDIVE, MENDIVE
STREET ADDRESS 1490 W 49 PLACE
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☒ Change ☐ Addition
NAME SD MENDIVE, YANEYS
STREET ADDRESS 1490 W 49 PLACE
CITY-ST-ZIP HIALEAH FL 33012

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

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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)