

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90378 038 ***158.75

DOCUMENT # P99000110488

1. Entity Name

MURANGO CORPORATION

Principal Place of Business

13801 NW 4 ST
201
PEMBROKE PINES FL 33028

Mailing Address

13801 NW 4 ST
201
PEMBROKE PINES FL 33028

2. Principal Place of Business

5851 Holmberg Rd. # 1715

Suite, Apt. #, etc.

3. Mailing Address

5851 Holmberg Rd. # 1715

Suite, Apt. #, etc.

City & State

Parkland - Florida

Zip
33067

Country
U.S.A.

City & State

Parkland - Florida

Zip
33067

Country
U.S.A.

4. FEI Number

65-0979064

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

MURILLO, JOSE HERNAN
13801 NW 4 ST
201
PEMBROKE PINES FL 33028

Name

Jose H. Murillo

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

5851 Holmberg Rd. # 1715

City

Parkland

FL

Zip Code

33067

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

04-15-01

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	D	<input type="checkbox"/> Delete
NAME	MURILLO, JOSE HERNAN	
STREET ADDRESS	13801 NW 4 ST # 201	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARANGO, ELENA MARIA	
STREET ADDRESS	13801 NW 4 ST # 201	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murillo, Jose Hernan	
STREET ADDRESS	5851 Holmberg Rd # 1715	
CITY-ST-ZIP	Parkland - FL - 33067	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arango, Elena Maria	
STREET ADDRESS	5851 Holmberg Rd # 1715	
CITY-ST-ZIP	Parkland - FL - 33067	
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)(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 another like empowered.

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-15-01

Daytime Phone #

(954)-214-8286

CR2E034 (10/00)