

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90169 020 ***150.00

DOCUMENT # S26223

1. Entity Name
MOLINEX, INC.

Principal Place of Business

**12200 SW 111 LN
MIAMI FL 33186
US**

Mailing Address

**12200 SW 111 LN
MIAMI FL 33186
US**

2. Principal Place of Business

9125 SW 77th AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-610

City & State

MIAMI, FL

City & State

4. FEI Number **65-0312448**

Applied For

Not Applicable

Zip

33156

Country

U.S.

Zip

Country

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

**ALVARADO, CELSO
13620 S.W. 119 STREET
MIAMI FL 33186**

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

T
MOLINA, GIANNI
712 N E 72ND STREET
MIAMI FL 33138 ☐ Delete

☐ Change ☐ Addition

PD
MOLINA, VINCENTE
12200 SW 111 LANE
MIAMI FL 33186-3717 ☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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:

Vicente Molina VICENTE MOLINA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 (302) 273-6401

Date

Daytime Phone #

CR2E034 (10/00)