

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90442 034 ***150.00

DOCUMENT

1. Entity Name **526223**

MOLINEX, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9125 SW 77 AVE SUITE 610

Suite, Apt. #, etc.

MIAMI

City & State

3. Mailing Address

Suite, Apt. #, etc.

FL

City & State

Zip **33156-7640** Country **USA**

Zip

Country

4. FEI Number

65-0312448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VICENTE MOLINA

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

9125 SW 77 AVE SUITE 610

City

MIAMI

FL

Zip Code

33156

**DO NOT WRITE
IN THIS SPACE**

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)

5/11/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VICENTE MOLINA 9125 SW 77 AVE. # 610 MIAMI, FL 33156-7640	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GIANNI MOLINA 712 N.E. 72ND ST. MIAMI, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SECRETARY CELSO ALVARADO 13620 SW 127 PL. MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICENTE MOLINA - VICENTE MOLINA

Date

Daytime Phone #

5/13/02 (307) **273-6401**

CR2E034B (12/01)