

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90051 022 \*\*\*150.00

**DOCUMENT # H63043**  
 1. Entity Name  
**MINI-MURALS SPECIALIST INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>700 W HALLANDALE BEACH BLVD<br/>HALLANDALE FL 33009</b> | Mailing Address<br><b>700 W HALLANDALE BEACH BLVD<br/>HALLANDALE FL 33009-5333</b> |
|---|--|

|                                |                     |                    |         |
|--------------------------------|---------------------|--------------------|---------|
| 2. Principal Place of Business |                     | 3. Mailing Address |         |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |                    |         |
| City & State                   |                     | City & State       |         |
| Zip                            | Country             | Zip                | Country |



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 4. FEI Number<br><b>59-2541571</b>                        | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                             |

**6. Name and Address of Current Registered Agent**  
**ROSARIO, RICHARD**  
**700 W HALLANDALE BEACH BLVD**  
**HALLANDALE FL 33009**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>ROSARIO, RICHARD</b><br><b>700 W HALLANDALE BCH BVD</b><br><b>HALLANDALE FL</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CALLECILLA, RICARDO</b><br><b>700 W HALLANDALE BCH BVD</b><br><b>HALLANDALE FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ROSARIO, DELSI</b><br><b>700 W HALLANDALE BCH BVD</b><br><b>HALLANDALE FL</b>      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>VALLECILLA, MARIA E</b><br><b>700 W HALLANDALE BCH BVD</b><br><b>HALLANDALE FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Rosario*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Jan 2000 954 454 3300  
 Date Daytime Phone #

CR2E034 (9/99)