

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90086 008 \*\*\*150.00

**DOCUMENT # L01000005449**

1. Entity Name  
**MARK & MINA ENTERPRISES, L.L.C.**



Principal Place of Business  
**11210 N. 30 ST  
SUITE B  
TAMPA FL 33612**

Mailing Address  
**14947 LAKE FOREST DR  
LUTZ FL 33559**

**44001651**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**11210 N. 30th St**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Tampa FL**

City & State

4. FEI Number **59-3710777**

Applied For  
 Not Applicable

Zip **33612** Country

Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reissuing)

DATE

*Signature*  
**4/22/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	<b>DEMIAN EMIL T</b>	<b>10016 N. 90TH ST</b>	<b>TAMPA FL 33612</b>	<input type="checkbox"/> Delete
				<input checked="" type="checkbox"/> Change
	<b>Demian Emil T.</b>	<b>14947 Lake Forest Dr.</b>	<b>Lutz, FL 33559</b>	<input type="checkbox"/> Delete
				<input type="checkbox"/> Change
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Change
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Change

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>Demian Emil T.</b>	<b>14947 Lake Forest Dr.</b>	<b>Lutz, FL 33559</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Signature*  
**SIGNATURE REQUIRED**

DATE

DAYTIME PHONE #

**4/22/03 (813) 977-4250**

CR2E083 (10/02)

*Signature*  
**5/11/03**