

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91165 041 \*\*\*150.00

**DOCUMENT # L54914**

1. Entity Name

**MINTEC INDUSTRIAL SERVICES, INC.**

**DO NOT WRITE IN THIS SPACE**

**B0061960**

2. Principal Place of Business

**1157 HIDDEN VALLEY WAY**

Suite, Apt. #, etc.

3. Mailing Address

**1157 HIDDEN VALLEY WAY**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**WESTON FL**

City & State

**WESTON FL**

4. FEI Number

**65-0177946**

Applied For

Not Applicable

Zip

**33327**

Country

Zip

**33327**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**HENRIQUEZ, RENE E.**

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

**1157 HIDDEN VALLEY WAY**

City

**WESTON**

**FL**

Zip Code

**33327**

**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)

DATE

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

**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.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **HENRIQUEZ, RENE**  
STREET ADDRESS **1157 HIDDEN VALLEY WAY**  
CITY-ST-ZIP **WESTON FL 33327**

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IN THIS SPACE**

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 another like empowered.

SIGNATURE: **X**

*Handwritten Signature*

**RENE E. HENRIQUEZ DIR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)