2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900007433

1. Entity Name

MINIACI, ALBERT J

SIGNATURE

10.

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

CITY-ST-ZIE

CITY-ST-ZIP

1411 SOUTHWEST 31ST AVENUE POMPANO BEACH FL 33069

THE ALBERT AND BEATRIZ MINIACI FAMILY FOUNDATION

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

C/O 1411 SOUTHWEST 31ST AVENUE

C/O 1411 SOUTHWEST 31ST AVENUE

C/O 1411 SOUTHWEST 31ST AVENUE

OFFICERS AND DIRECTORS

FILE NOW: FEE IS \$61.25

POMPANO BEACH FL 33069

POMPANO BEACH FL 33069

POMPANO BEACH FL 33069

MINIACI, ALBERT J

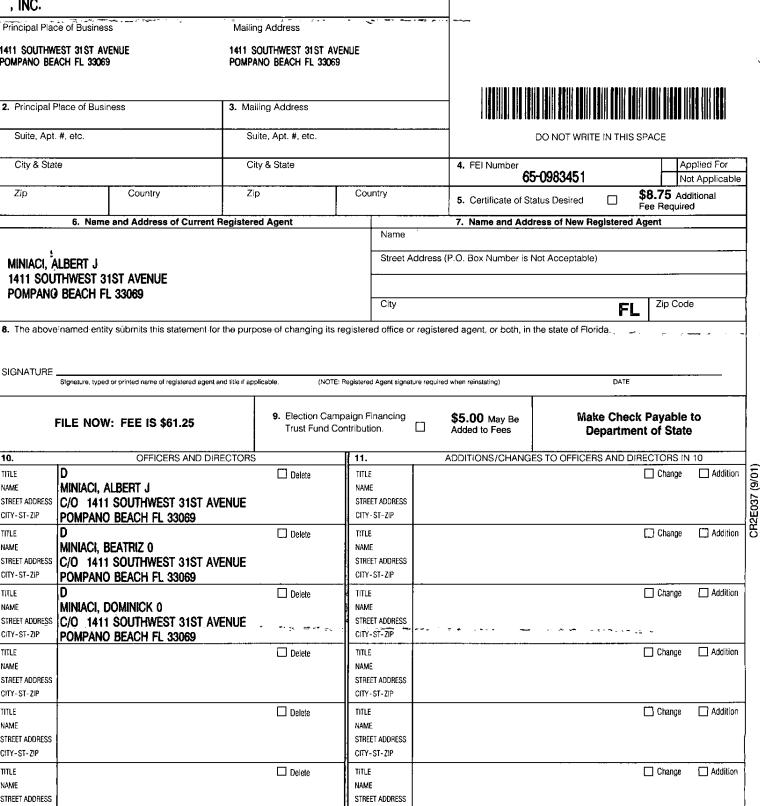
MINIACI, BEATRIZ 0

MINIACI, DOMINICK 0

, INC.			
Principal Place of Business		Mailing Address	
1411 SOUTHWEST 31ST AVENUE POMPANO BEACH FL 33069		1411 SOUTHWEST 31ST AVENUE POMPANO BEACH FL 33069	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

Apr 09, 2002 8:00 am § Secretary of State

04-09-2002 90021 049 ****61.25



12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

City

9. Election Campaign Financing

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Trust Fund Contribution.

☐ Delete

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SIGNATURE