

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90140 020 ***150.00

DOCUMENT # P94000000336

1. Entity Name
MINRAN IMPORTS LIMITED INC.

Principal Place of Business 4310 10TH AVENUE NORTH LAKE WORTH FL 33461	Mailing Address 4310 10TH AVENUE NORTH LAKE WORTH FL 33461
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0461141	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHREIBER, CHARLES 4310 10TH AVENUE NORTH LAKE WORTH FL 33461				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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHREIBER, SONDR			NAME			
STREET ADDRESS	5594 EGRET ISLE TR			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			CITY-ST-ZIP			33467
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ONEAL, MINDY			NAME			
STREET ADDRESS	22093 SW 58TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP			33428
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHREIBER, RANDI			NAME			
STREET ADDRESS	22093 SW 58TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP			33428
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Sondra Schreiber - SONDR SCHREIBER 4/27/2001 561-965-5508
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)