

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90281 027 ***150.00

DOCUMENT # 311749

1. Entity Name
MININGTEX, INC.

Principal Place of Business
10808 AVENIDA SANTA ANA
BOCA RATON FL 33498-6768

Mailing Address
10808 AVENIDA SANTA ANA
BOCA RATON FL 33498-6768



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1199381		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$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			
GREATON, JR., WILSON 2601 E OAKLAND PARK BLVD #405 FT. LAUDERDALE FL 33306				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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	T	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DE BOADA, EMILA			NAME			
STREET ADDRESS	10808 AVENIDA SANTA ANA			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP			
TITLE	DV	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DE NARVAEZ, CECILLA			NAME			
STREET ADDRESS	10808 AVENIDA SANTA ANA			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP			
TITLE	SD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DE NARVAEZ, EDUARDO			NAME			
STREET ADDRESS	10808 AVENIDA SANTA ANA			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP			
TITLE	T	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DE BOADA, EMILA			NAME			
STREET ADDRESS	10808 AVENIDA SANTA ANA			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP			
TITLE	DP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DE CRANE, ELSA			NAME			
STREET ADDRESS	10808 AVENIDA SANTA ANA			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ 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: *SIGNATURE REQUIRED* **4/14/02** Date **Daytime Phone #**

CR2E034 (9/01)