

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 353640

1. Entity Name

MINIERI REALTY OF FLORIDA, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90292 001 ***150.00

Principal Place of Business

2739 U.S. HIGHWAY 19
SUITE 201
HOLIDAY FL 34691
US

Mailing Address

P.O. BOX 2108
ELFERS FL 34680-2108
US

2. Principal Place of Business

8801 RIVER CROSSING BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

City & State

4. FEI Number

22-1906107

Applied For

Not Applicable

Zip

34655

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUDSON, JOHN E.
2739 U.S. HIGHWAY 19
SUITE 201
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

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

8801 RIVER CROSSING BLVD

City

NEW PORT RICHEY

FL

Zip Code

34655

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SILVA, SUSAN
2739 U.S. HIGHWAY 19, SUITE 201
HOLIDAY FL 34691 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HUDSON, JOHN
2739 U.S. HIGHWAY 19, SUITE 201
HOLIDAY FL 34691 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
NORTON, DAVID C
6709 RIDGE ROAD
PORT RICHEY FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SLEEMAN, GEORGE
6709 RIDGE ROAD
PORT RICHEY FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Susan Silva SUSAN SILVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(727) 375-1155

Daytime Phone #

CFR2034 (9/99)