

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 07, 2001 8:00 am**
Secretary of State

05-07-2001 90045 003 ***150.00

DOCUMENT # 353640**1. Entity Name**
MINIERI REALTY OF FLORIDA, INC.**Principal Place of Business**
8801 RIVER CROSSING PKWY
NEW PORT RICHEY FL 34655
US**Mailing Address**
P.O. BOX 2108
ELFERS FL 34680
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1906107**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HUDSON, JOHN E.**
8801 RIVER CROSSING BLVD
NEW PORT RICHEY FL 34655

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**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	8801 River Crossing Blvd.
CITY-ST-ZIP	New Port Richey, FL 34655
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	8801 River Crossing Blvd.
CITY-ST-ZIP	New Port Richey, FL 34655
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. HUDSON**4/25/01**

Date

727-375-1155

Daytime Phone #

CR2E034 (10/00)