

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31012**
 Entity Name
MINIERI LAKEWOOD, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR 13 PM 7:28

Principal Place of Business Mailing Address
 29656 US 19 NORTH 29656 US 19 NORTH
 SUITE 100 SUITE 100
 CLEARWATER FL 34621 CLEARWATER FL 33761-1534



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 **59-3046068** 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
MINIERI LAKEWOOD, INC.
 29656 US 19 NORTH
 SUITE 100
 CLEARWATER FL 34621

7. Name and Address of New Registered Agent
 Name **CARL N. MINIERI**
 Street Address (P.O. Box Number is Not Acceptable)
MINIERI LAKEWOOD, INC.
29656 US Hwy 19 NORTH, SUITE 100
CLEARWATER, FL FL 33761

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 *Carl N. Minieri* **CARL N. MINIERI** **3-9-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. Capital Contributions as Shown on Record **\$114,025.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

2. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	J70538 MINIERI LAKEWOOD, INC 29656 US 19 NORTH CLEARWATER FL 34621
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	500003180886--2 -03/23/00--01003--025 ****526.25 ****526.25
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	ME 3/13
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Carl N. Minieri* **PRES** **3/6/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)