

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

~~525.75~~
525.75

0014064 AT

DOCUMENT # A31012

1. Entity Name
MINIERI LAKEWOOD, LTD.

02 APR 22 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
29656 US 19 NORTH
SUITE 100
CLEARWATER FL 33761

Mailing Address
29656 US 19 NORTH
SUITE 100
CLEARWATER FL 33761



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3046068** Applied For
Not Applicable

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

MINIERI, CARL N
C/O MINIERI LAKEWOOD, INC.
29656 U.S. HIGHWAY 19 NORTH, SUITE 100
CLEARWATER FL 33761

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	J70538	STREET ADDRESS	STREET ADDRESS	
NAME	MINIERI LAKEWOOD, INC	CITY-ST-ZIP	CITY-ST-ZIP	
STREET ADDRESS	29656 US 19 NORTH			
CITY-ST-ZIP	CLEARWATER FL 33761			
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY-ST-ZIP	CITY-ST-ZIP	
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CITY-ST-ZIP				
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY-ST-ZIP	CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				

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14. 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: 4-1502 7873111
Date Daytime Phone #

CR2E003 (9/01)