

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F72989

1. Entity Name

MINIERI VOYAGER, INC.

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

05-15-2000 90292 010 ***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.

Suite, Apt. #, etc.

City & State

New Port Richey

City & State

4. FEI Number

59-2208195

Applied For

Not Applicable

Zip

Country

34655

USA

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
6709 RIDGE RD.
PORT RICHEY FL 34668

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8801 River Crossing Blvd.
CITY-ST-ZIP New Port Richey, FL 34655

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

TITLE S/T ☒ Change ☐ Addition
NAME
STREET ADDRESS 8801 River Crossing Blvd.
CITY-ST-ZIP New Port Richey, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ 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 #

CR2E034 (9/99)