

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90204 017 ***150.00

0205613 AV

DOCUMENT # F99000002805

1. Entity Name
MINERVA PUBLISHING CO.

Principal Place of Business Mailing Address
1001 BRICKELL BAY DRIVE, SUITE 2310 **1001 BRICKELL BAY DRIVE, SUITE 2310**
MIAMI FL 33131 **MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1001 BRICKELL BAY DRIVE **1001 BRICKELL BAY DRIVE**
 Suite, Apt. #, etc. **# 2202** Suite, Apt. #, etc. **# 2202**

City & State **MIAMI FL** City & State **MIAMI FL** 4. FEI Number **65-0922110** Applied For
 Zip **33131** Country **USA** Zip **33131** Country **USA** 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
SYKES, MARK Name **MARK SYKES**
1001 BRICKELL BAY DRIVE, SUITE 2310 Street Address (P.O. Box Number is Not Acceptable) **1001 BRICKELL BAY DRIVE #2202**
MIAMI FL 33131 City **MIAMI FL** Zip Code **33131**

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]** **FEB 19th 2002**
 Signature, typed or printed name of registered agent and Date (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	CDVT	<input checked="" type="checkbox"/> Delete	TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYKES, MARK		NAME	ALISON AUSTEN	
STREET ADDRESS	47 EATON SQUARE		STREET ADDRESS	1001 BRICKELL BAY DRIVE #2202	
CITY-ST-ZIP	LONDON SW1 W 9 BD UK FL 33131		CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	CPSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DAVID		NAME		
STREET ADDRESS	12A 69 PRINCES GATE		STREET ADDRESS		
CITY-ST-ZIP	LONDON SW7ZPA UK		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]** **FEB 19th 2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)