

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2000 90292 011 ***150.00

732689



DO NOT WRITE IN THIS SPACE

DOCUMENT # G11766

1. Entity Name

MINIERI SUNCOAST, INC.

Principal Place of Business

Mailing Address

2739 U.S. HIGHWAY 19
 SUITE 201
 HOLIDAY FL 34691
 US

P.O. BOX 2108
 ELPERS 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, FL

City & State

4. FEI Number

59-2242497

Applied For

Not Applicable

Zip

34655

Country

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 E
 2739 U.S. HIGHWAY 19
 SUITE 201
 HOLIDAY FL 34691

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 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

PCD
 HUDSON, JOHN E
 2739 U.S. HIGHWAY 19, SUITE 201
 HOLIDAY FL 34691

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

8801 River Crossing Blvd.
 New Port Richey, FL 34655

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

S
 SILVA, SUSAN
 2739 U.S. HIGHWAY 19, SUITE 201
 HOLIDAY FL 34691

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

8801 River Crossing Blvd.
 New Port Richey, FL 34655

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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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)