

AMENDED

FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K30405**

1. Entity Name
Minti, Inc.

FILED

02 OCT 17 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900008412899--1

-10/16/02--01106--001

*****\$1.25 *****\$1.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1201 Placentas Avenue		3. Mailing Address 1201 Placentas Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33146	Country USA	Zip 33146	Country USA
4. FEI Number 65-0083987		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Alvaro Castillo B., P.A.			
Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue, Suite 200			
City Miami,		Zip Code FL 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 _____ (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. ☐ **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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		Additions/Changes to Officers and Directors	
TITLE DPST	Andres Gaviria [X] Change	TITLE S	Andres Gaviria [X] Change
NAME	1201 Placentas Avenue	NAME	1201 Placentas Avenue
STREET ADDRESS	Coral Gables, FL 33146	STREET ADDRESS	Coral Gables, FL 33146
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE DPT	Gustavo Gaviria Angel [X] Addition
NAME		NAME	1201 Placentas Avenue
STREET ADDRESS		STREET ADDRESS	Coral Gables, FL 33146
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Andres Gaviria, Secretary** 10/15/02 (305) 371-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/01)