

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32428

1. Entity Name

MINEX CORPORATION

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90101 048 \*\*\*150.00

Principal Place of Business

C/O HOLLAND & KNIGHT  
701 BRICKEL AVENUE  
MIAMI FL 33131  
US

Mailing Address

C/O HOLLAND & KNIGHT  
16320 NW 48TH AVENUE  
MIAMI FL 33014  
US

2. Principal Place of Business

16320 NW 48TH AVE.

3. Mailing Address

16320 NW 48TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FLA

City & State

MIAMI - FLORIDA

4. FEI Number

59-2989687

Applied For

Not Applicable

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

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

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, 2001 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 ☐ Delete  
NAME  
DPS  
STREET ADDRESS  
FEIERTAG, ROLAND  
CITY-ST-ZIP  
16320 NW 48TH AVENUE  
MIAMI FL

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

TITLE ☐ Delete  
NAME  
T  
STREET ADDRESS  
FEIERTAG, ROLAND  
CITY-ST-ZIP  
16320 NW 48TH AVENUE  
MIAMI FL

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

TITLE ☐ Delete  
NAME  
V  
STREET ADDRESS  
FEIERTAG, ROLAND JR  
CITY-ST-ZIP  
16320 NW 48-AVENUE  
MIAMI FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN-11/01

Date

(305) 623-8505

Daytime Phone #

CR2E034 (10/00)