

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90048 025 ****70.00

DOCUMENT # N93000004372

1. Entity Name

MINICOL CORP.

Principal Place of Business

**1000 PONCE DE LEON BLVD
 SUITE 119
 CORAL GABLES FL 33134**

Mailing Address

**1000 PONCE DE LEON BLVD
 SUITE 119
 CORAL GABLES FL 33134**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0442404

Applied For

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

**ARANGO, MARIO
 1000 PONCE DE LEON BLVD
 STE 119
 CORAL GABLES FL 33134**

Name

SAME

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]

4-29-01

Signature typed in block 10 or 11 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARANGO, MARIO 13271 SW 17 LANE APT 3 MIAMI FL 33175	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEJARANO, MIGUEL 11491 SW 200 ST MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, JORGE 7372 SW 16 ST MIAMI FL 33155	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AGUIRRE, JAVIER 11342 SW 100 AVE MIAMI FL 33176	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CELIS, ABRAHAM 1231 WEST 61ST PLACE HIALEAH FL 33012	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED EDILMA CRUZ 8960 SW 32 street MIAMI - FL 33185	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORGE MARIO GIRALDO 4361 NW 11 st # 1 M MIAMI - FL 33126	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied on 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-29-01

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