

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90104 022 \*\*\*150.00

0432905

**DOCUMENT # P00000004130**

1. Entity Name

**MINNIELLI CONCRETE CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

~~500 CELEBRATION PLACE, SUITE A  
 CELEBRATION FL 34747~~

~~500 CELEBRATION PLACE, SUITE A  
 CELEBRATION FL 34747~~

771 Kiekman Rd #115  
 Orlando FL 32811

771 Kiekman Rd #115  
 Orlando FL 32811

000879



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

771 Kiekman Rd

771 Kiekman Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#115

#115

City & State

City & State

Orlando FL

Orlando FL

4. FEI Number

Applied For

58-2516221

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

~~MINNIELLI, WILLIAM M  
 500 CELEBRATION PLACE, SUITE A  
 CELEBRATION FL 34747~~

771 Kiekman Rd  
 #115  
 Orlando FL 32811

Name

Street Address (P.O. Box Number is Not Acceptable)

771 Kiekman Rd

#115

City

Orlando

FL

Zip Code

32811

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

*Bill Minnielli*  
 Signature, typed or printed name of registered agent and title if applicable.

*Bill Minnielli*

(NOTE: Registered Agent signature required when reinstating)

*1-9-01*

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	PSTD	<input type="checkbox"/> Delete
NAME	MINNIELLI, WILLIAM M	
STREET ADDRESS	8612 BAY VIEW COURT	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Bill Minnielli*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-9-01*  
 Date

*407-295-0024*  
 Daytime Phone #

CR2E034 (10/00)