

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91902 045 ***150.00

DOCUMENT # P00000021203

1. Entity Name
MINDING ME, INC.



Principal Place of Business
90 EDGEWATER DRIVE
1115
CORAL GABLES FL 33133
US

Mailing Address
90 EDGEWATER DRIVE
1115
CORAL GABLES FL 33133
US

2. Principal Place of Business

5820 Sunset Drive

3. Mailing Address

5820 Sunset Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
South Miami, FL
Zip 33143 **Country** US

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South Miami, FL
Zip 33143 **Country** US

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARECHAVALETA, LILIAN
90 EDGEWATER DRIVE
#1115
CORAL GABLES FL 33133

7. Name and Address of New Registered Agent

Name Lilian Arechavaleta Rosado
Street Address (P.O. Box Number is Not Acceptable) 5820 Sunset Drive
City South Miami **FL** **Zip Code** 33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lilian Arechavaleta Rosado*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	ARECHAVALET ROSADO, LILIAN
STREET ADDRESS	90 EDGEWATER DRIVE #1115
CITY-ST-ZIP	CORAL GABLES FL 33133
TITLE	V <input type="checkbox"/> Delete
NAME	KIDURY, LESLIE
STREET ADDRESS	3931 CRAWFORD AVENUE
CITY-ST-ZIP	COCONUTGROVE FL 33133
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lilian Arechavaleta Rosado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)