

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90059 007 \*\*\*150.00

DOCUMENT # P.00000029003

1. Entity Name

MINON, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

16711 COLLINS AVE

3. Mailing Address

16711 COLLINS AVE

Suite, Apt. #, etc.

APT. 1504

Suite, Apt. #, etc.

APT. 1504

DO NOT WRITE IN THIS SPACE

City & State

SUNNY ISLES, FL

City & State

SUNNY ISLES, FL

4. FEI Number

65-0992096

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

GENNADY VIKOKOR

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

16711 COLLINS AVE, # 1504

City

SUNNY ISLES

FL

Zip Code

33160

**DO NOT WRITE IN THIS SPACE**

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

GENNADY VIKOKOR

1/30/02

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)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.  
GENNADY VIKOKOR  
16711 COLLINS AVE, #1504  
SUNNY ISLES, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V.P.  
ELENA VIKOKOR  
16711 COLLINS AVE, #1504  
SUNNY ISLES, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02 305-332-4470  
Date Daytime Phone #

CR2E034B (12/01)