

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041742

1. Entity Name
THE EMINDS GROUP, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90004 047 ***158.75

Principal Place of Business

1445 NW 196 TERRACE
MIAMI FL 33169

Mailing Address

1445 NW 196 TERRACE
MIAMI FL 33169

549354

2. Principal Place of Business

600 N Pine Island Road

3. Mailing Address

1445 NW 196 Terrace

Suite, Apt., etc.

Suite 450

Suite, Apt., etc.

City & State

Plantation FL 33324

City & State

Miami FL

Zip

33324

Country

USA

Zip

33169

Country

USA

4. FEI Number

65-1009840

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWEN, MICHAEL

1445 NW 196 TERRACE
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

MICHAEL OWEN

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

1445 NW 196 Terrace

City

Miami

FL

Zip Code

33169

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 Michael Owen

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

(NOTE: Registered Agent signature required when reinstating)

4/19/01

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

TITLE D ☐ Delete
NAME OWEN, MICHAEL
STREET ADDRESS 1445 NW 196 TERRACE
CITY-ST-ZIP MIAMI FL 33169

TITLE D ☒ Delete
NAME WILLIAMS, CLARENCE
STREET ADDRESS 3360 SPANISH MOSS TERRACE
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ~~CRUICKSHANK~~ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~CRUICKSHANK~~ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
NAME CRUICKSHANK, JASON
STREET ADDRESS 597 NW 49 Avenue
CITY-ST-ZIP Plantation FL 33317

TITLE ☒ Change ☐ Addition
NAME OWEN, MICHAEL
STREET ADDRESS 1445 NW 196 Terrace
CITY-ST-ZIP Miami FL 33169

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

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

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2E034 (10/00)