

# '2001. UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90351 016 \*\*\*150.00

**DOCUMENT #** P00000092717

**1. Entity Name**

MINERAL INTERNATIONAL CORPORATION

**Principal Place of Business**

**Mailing Address**

**2. Principal Place of Business**

6061 OLD COURT RD

**3. Mailing Address**

6061 OLD COURT RD.

**Suite, Apt. #, etc.**

Suite 208

**Suite, Apt. #, etc.**

Suite 208

**City & State**

BOCA RATON FL

**City & State**

BOCA RATON FL

**Zip**

33433

**Country**

**Zip**

33433

**Country**

**4. FEI Number**

65-1043742

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

A0070585

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**Name**

ARIAS, IOLAN ILENA

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

9900 STIRLING RD.

Suite 218

**City**

COOPER CITY

**FL**

**Zip Code**

33

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

(NOTE: Registered Agent signature required when reinstating)

5/1/01

**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** PD ☐ Delete  
**NAME** PRADAS FRANCISCO  
**STREET ADDRESS** 6061 OLD COURT RD #208  
**CITY-ST-ZIP** BOCA RATON FL 33433

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

**TITLE** VD ☐ Delete  
**NAME** PRADAS, MARLO GABRIELA  
**STREET ADDRESS** 6061 OLD COURT RD #208  
**CITY-ST-ZIP** BOCA RATON FL 33433

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

**TITLE** D ☐ Delete  
**NAME** CHAREN MARIBEL J  
**STREET ADDRESS** 6061 OLD COURT RD #208  
**CITY-ST-ZIP** BOCA RATON FL 33433

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**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 an officer like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 (961) 393-7192

CR2E034 (10/00)