## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am P00000092717 DOCUMENT # Secretary of State 1. Entity Name 01-30-2002 90141 025 \*\*\*150.00 MINERAL INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 6061 OLD CT. RD., BOCA PARK #208 6061 OLD CT. RD., BOCA PARK #208 UUULHAAN **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1043742 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARIAS TOVAR, ILEANA ESQ Street Address (P.O. Box Number is Not Acceptable) 9900 STIRLING RD, STE 218 COOPER CITY FL Zip Code City FL 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, 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change ☐ Delete TITLE PRADAS, FRANCISCO NAME NAME 6061 OLD CT. RD., BOCA PARK #208 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition D TITLE ☐ Delete TITLE ☐ Change CHACIN, MARBELLE J NAME NAME 6061 OLD CT. RD., BOCA PARK #208 STREET ADDRESS STREET ADDRESS BOCA-RATON FL-33433 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE GABRIELA PRADAS, MARIA NAME NAME STREET ADDRESS 6061 OLD CT. RD., BOCA PARK #208 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receive by 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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SIGNATURE:

Date

Date

Date

Date

Date

Date

Discourse Phone #