

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90392 014 \*\*\*158.75

**DOCUMENT # P01000067590**

**1. Entity Name**  
**MIN USA, INC.**

**Principal Place of Business**  
**1001 THREE ISLAND BLVD. UNIT 40**  
**HALLANDALE FL 33009**

**Mailing Address**  
**1001 THREE ISLAND BLVD. UNIT 40**  
**HALLANDALE FL 33009**

**2. Principal Place of Business**  
**3321 SIMMS STREET**

**3. Mailing Address**  
**3321 SIMMS STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**A**

**A**

**City & State** **HOLLYWOOD & FLORIDA**

**City & State** **HOLLYWOOD & FLORIDA**

**4. FEI Number**  
**65-1136001**

**Applied For**  
**Not Applicable**

**Zip**  
**33021**

**Country**  
**USA**

**Zip**  
**33021**

**Country**  
**USA**

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

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

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

**SHAPOVALOV & BORETH, P.A.**  
**16300 NE 19TH AVE., SUITE 250**  
**NORTH MIAMI BEACH FL 33162**

**Name**

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

**City**

**FL**

**Zip Code**

**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) **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, 2002 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** **D** ☒ **Delete**  
**NAME** **MICIC, NEBOJSA**  
**STREET ADDRESS** **1001 THREE ISLAND BLVD. UNIT 40**  
**CITY-ST-ZIP** **HALLANDALE FL 33009**

**TITLE** **P** ☒ **Change** ☐ **Addition**  
**NAME** **MICIC, NEBOJSA**  
**STREET ADDRESS** **3321 SIMMS ST. UNIT A**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33021**

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

**TITLE** **VP** ☐ **Change** ☒ **Addition**  
**NAME** **TOPOLAC VESNA**  
**STREET ADDRESS** **3321 SIMMS ST. UNIT A**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33021**

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

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

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

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

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**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:**

*Topolac Vesna (TOPOLAC, VESNA; VP)*

**4/11/02**

**954-275-8950**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

01000067 590

CR2E034 (9/01)