2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State DOCUMENT # P01000107699 1. Entity Name 05-19-2002 90205 032 ***150.00 M.I.N.X., INC. Principal Place of Business Mailing Address 7501 NORTHWEST 3RD COURT 7501 NORTHWEST 3RD COURT PLANTATION FL 33317 PLANTATION FL 33317 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 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 Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR Zip Code **MIAMI FL 33145** 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 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 10. Election Campaign Financing \$5.00 May Be 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. CR2E034 (9/01). Addition Change ☐ Delete TITLE TITLE NAME NAME KEANE, MICHAEL T 7501 NORTHWEST 3RD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete ☐ Addition TITLE Change **CEO** NAME NAME. BERNADEL, SEAN ----STREET ADDRESS STREET ADDRESS 7501 NORTHWEST 3RD COURT CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete TITLE ☐ Change Addition TITLE COO NAME BARROW, RYAN O STREET ADDRESS STREET ADDRESS 7501 NORTHWEST 3RD COURT CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete TITLE ☐ Change ☐ Addition TITLE **VSD** NAME NAME CASTRO-NUNEZ, MIGUEL A STREET ADDRESS STREET ADDRESS 7501 NORTHWEST 3RD COURT CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MULLINGS, WINSTON S STREET ADDRESS STREET ADDRESS 7501 NORTHWEST 3RD COURT CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP

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 supplier ental 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 true appowered.

SIGNATURE: THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

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