

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90264 043 \*\*\*150.00

**DOCUMENT # P02000025775**

**1. Entity Name**  
**MINUTAS ARGENTINAS, INC.**



**Principal Place of Business**  
**7440 HARDING AVE., APT. 305**  
**MIAMI BEACH FL 33141**

**Mailing Address**  
**7440 HARDING AVE., APT. 305**  
**MIAMI BEACH FL 33141**

**10022056**



**2. Principal Place of Business**  
**7019 Taft St.**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**405 Hernandez**  
**Suite, Apt. #, etc.**  
**1150 NW 12th Ave #555**

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**Hollywood, FL**  
**Zip** **33024** **Country**

**City & State**  
**Miami, FL**  
**Zip** **33126** **Country** **USA**

**4. FEI Number** **11-3667062** **Applied For**  
**Not Applicable**

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

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

**ABRAMSON, EDWARD J**  
**7270 N.W. 12TH ST., SE. 580**  
**MIAMI FL 33126**

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

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PD** ☐ **Delete**  
**NAME** **DE GIMA, MARIA LUISA M**  
**STREET ADDRESS** **7440 HARDING AVE., APT. 305**  
**CITY-ST-ZIP** **MIAMI BEACH FL 33141**

**TITLE** **VD** ☐ **Delete**  
**NAME** **GIMA, PEDRO**  
**STREET ADDRESS** **7440 HARDING AVE., APT. 305**  
**CITY-ST-ZIP** **MIAMI BEACH FL 33141**

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

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

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.**

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

**Date** **2/17/03** **Daytime Phone #** **305-994-7573**

CR2E034 (10/02)