

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91202 004 \*\*\*150.00

0243765 AV

**DOCUMENT # P02000071578**

1. Entity Name  
**NEW MIND ENTERPRISES, INC.**



Principal Place of Business  
**7915 E DR STE 2M  
N BAY VILLAGE FL 33141**

Mailing Address  
**7915 E DR STE 2M  
N BAY VILLAGE FL 33141**



2. Principal Place of Business  
**20735 NE 8 CT**

3. Mailing Address  
**20735 NE 8 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#103**

**#103**

City & State

City & State

**Miami - FL.**

**Miami - FL.**

Zip

Zip

Country

Country

**33179**

**USA**

**33179**

**USA**

4. FEI Number

**04-3701356**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, MONEQUE S  
8260 W FLAGLER ST STE 1E  
MIAMI FL 33144**

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

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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
SUAREZ, MARIA G  
7915 E DR STE 2M  
N BAY VILLAGE FL 33141**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D - Vice President  
Daniel Ubeda  
1342 NE 117th ST  
Miami Shores - Miami - FL. 33161**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D - Secretary  
Natalia Raig  
20735 NE 8 CT #103  
North Miami Beach - Miami - FL. 33179**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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**  
**Daniel Ubeda**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-03-03**

Date

**305-654-6839**

Daytime Phone #

CR2E034 (10/02)