## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000078398 **DOCUMENT #**

1. Entity Name

MINARECI ENTERPRISES, INC.



May 02, 2003 8:00 am & Secretary of State

05-02-2003 90732 012 \*\*\*150.00

			OF WE I			
Principal Plac 1401 COACH DUNEDIN FL		Mailing Address 1401 COACHLIGHT WA DUNEDIN FL 34698	ΛY		HA 1 <b>130</b> 0 1010 1111 1111 1111 1111	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt, #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 54-2064078	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			<u>'</u>	7. Name and Address of New Registered Agent		
MINARECI, OMUR			Name	<del>                                     </del>		
MINARE	ST, UMUR		Street Address	s (P.O. Box Number is Not Acceptable)		
1401 COACHLIGHT WAY DUNEDIN FL 34698				o (i vo. dox not		
	4.1.1		City	FI	Zíp Code	
8. The above the obligat	named entity submits this statemer ions of registered agent.	nt for the purpose of changing it	s registered office or regist	tered agent, or both, in the State of Florida. I am	familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered as	gent and title if applicable. (NO	TE: Registered Agent signature requi	ired 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 A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINARECI, OMUR 1401 COACHLIGHT WAY DUNEDIN FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINARECI, NURAY 1401 COACHLIGHT WAY DUNEDIN FL 34698	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	
CITY-ST-ZIP			CITY-ST-ZIP			
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	TITLE NAME 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 of vustee 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:** 

727)712-0000