

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000115485

1. Entity Name  
MUMINOS GNCR, INC.



**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90326 035 \*\*\*150.00

0166332 FP

Principal Place of Business  
229 GULFVIEW SQUARE MALL  
PORT RICHEY FL 34668

Mailing Address  
229 GULFVIEW SQUARE MALL  
PORT RICHEY FL 34668

10103771



2. Principal Place of Business

9409 U.S. 19

Suite, Apt. #, etc.  
SUITE #229

City & State  
PORT RICHEY, FL.

Zip  
34668

3. Mailing Address

9409 U.S. 19

Suite, Apt. #, etc.  
SUITE #229

City & State  
PORT RICHEY, FL.

Zip  
34668

Country  
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

14-1854418

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUSSO, CARMELO  
1144 KINGWAY LN  
TARPON SPRINGS FL 34688

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
RUSSO, CARMELO  
1144 KINGWAY LN  
TARPON SPRINGS FL 34688

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
RUSSO, CAROL A  
1144 KINGWAY LN  
TARPON SPRINGS FL 34688

☐ 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  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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 another like empowered.

SIGNATURE:

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

7-11-03

Date

787/841-6610

Daytime Phone #

CR2E034 (4/03)

Attachment #

10109771  
PO2000115485

Muminoa GNCR, Inc.

9409 U.S. Hwy. 19, Suite 229

Port Richey, Fl. 34668

July 9, 2003

~~Florida Department of State~~

Division of Corporations

Uniform Business Report Filing

Tallahassee, Fl. 32302-1500

Re: 2003 Uniform Business Report

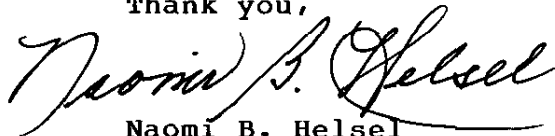
Gentlemen:

Enclosed is our "2003 Uniform Business Report". Please find attached our check #1272 in the amount of \$150.00 - the filing fee for the 2003 report.

Please accept this amount as we did not receive the first report.

Please wave the late filing fee due to reason above.

Thank you,

  
Naomi B. Helsel

Bookkeeper

Enclosure