

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072527

1. Entity Name
MINA OF SANFORD, INC.

Principal Place of Business
1690 W. AIRPORT BLVD.
SANFORD FL 32771

Mailing Address
901 DOUGLAS AVE STE 105
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3210609

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANSOUR, GEORGE
2719 SHOEMAKER LANE
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name KAMIL F. GOWNI

Street Address (P.O. Box Number is Not Acceptable)

1348 VALLEY PINE CIRCLE

City APOPLA

FL

Zip Code 32712

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

07/09/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PST
NAME MANSOUR, GEORGE ☒ Delete
STREET ADDRESS 2719 SHOEMAKER LANE
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE VPST
NAME GOWNI, KAMIL ☐ Delete
STREET ADDRESS 6801 FOREST CITY ROAD
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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

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

13. 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 11 or Block 12 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

Daytime Phone #

07/09/01

407-467-5550

FILED
Jul 12, 2001 8:00 am
Secretary of State

05-12-2001 90034 040 ***150.00
07-12-2001 90122 001 ***400.00

C0073300



DO NOT WRITE IN THIS SPACE

0008243 AV

CR2E034 (5/01)

Attachment
Doc# P93000072527
C0073300



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 22, 2001

MINA OF SANFORD, INC.
PO BOX 607777
ORLANDO, FL 32860

Subject: MINA OF SANFORD, INC.

Reference Number: P93000072527

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SB
ANNUAL REPORTS SECTION