

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90018 041 ***150.00

DOCUMENT # P94000090183					
1. Entity Name SWEETMINT, INC.					
Principal Place of Business 1940 HARRISON ST STE 300 HOLLYWOOD, FL 33020 US			Mailing Address 1940 HARRISON ST STE 300 HOLLYWOOD, FL 33020 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent					
SOSSIN, ROBERT 285 NW 199TH STREET STE. 210 MIAMI, FL 33169					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable) 4651 SHERIDAN STREET, STE. 300					
City					
HOLLYWOOD FL Zip Code 33021					
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 <u>Robert J. Sossin</u> ROBERT J. SOSSIN <u>2/16/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MINTZ, JERRY <input type="checkbox"/> Delete 1940 HARRISON ST STE 300 HOLLYWOOD, FL 33020				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MANTIN-SEGAL, DEBORAH <input type="checkbox"/> Delete 1940 HARRISON ST STE 300 HOLLYWOOD, FL 33020				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>JERRY MINTZ</u> JERRY MINTZ <u>3/5/2004</u> <u>954-927-4595</u> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

3406JUL10



02162004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0542557
Applied For
Not Applicable

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