

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90022 036 ***150.00

DOCUMENT # P96000002122

1. Entity Name
MINANIS, INC.

Principal Place of Business

**790 HARBOUR DR
 NAPLES FL 34103
 US**

Mailing Address

**790 HARBOUR DR
 NAPLES FL 34103
 US**

2. Principal Place of Business

790 HARBOUR DR.

Suite, Apt. #, etc.
2C

3. Mailing Address

790 HARBOUR DR.

Suite, Apt. #, etc.
2C

City & State

NAPLES FL.

City & State

NAPLES FL.

Zip

34103

Country

U.S.

Zip

34103

Country

US

4. FEI Number **65-0669781**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASSAAD, WAFAA F
 790 HARBOUR DR
 SUITE 2C
 NAPLES FL 34103**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **ASSAAD, WAFAA F**
 STREET ADDRESS **790 HARBOUR DR**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **PSTD.** ☒ Change ☐ Addition
 NAME **WAFAA F. ASSAAD**
 STREET ADDRESS **790 HARBOUR DR., SUITE 2C**
 CITY-ST-ZIP **NAPLES, FL. 34103**

TITLE **VPST** ☐ Delete
 NAME **ASSAAD, MIKE W**
 STREET ADDRESS **790 HARBOUR DR**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **V.P.D** ☒ Change ☐ Addition
 NAME **MIKE W. ASSAAD**
 STREET ADDRESS **790 HARBOUR DR; SUITE 2C**
 CITY-ST-ZIP **NAPLES, FL. 34103**

TITLE **D** ☒ Delete
 NAME **ASSAAD, MAGDA F**
 STREET ADDRESS **790 HARBOUR DR**
 CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

WAFAA F. ASSAAD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-01 (941) 649-7001
 Daytime Phone #

CR2E034 (10/00)