

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051059

1. Entity Name

P.N. MIANO & SONS, INC.

Principal Place of Business

4647 ASHTON COURT  
NAPLES FL 34112  
US

Mailing Address

4647 ASHTON COURT  
NAPLES FL 34112  
US

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

65-0676008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required.

6. Name and Address of Current Registered Agent

PINTER, MICHAEL R  
4328 CORPORATE SQUARE  
SUITE C  
NAPLES FL 33942

7. Name and Address of New Registered Agent

Name

Robert Samouche

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

800 Laurel Oak Drive

Suite 300

City

Naples

FL

Zip Code

34108

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MIANO, PAUL N  
4647 ASHTON CT  
NAPLES FL 34112 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
Tanya McVey  
125 5th St. SW.  
Naples FL 34112 ☐ Change ☒ Addition

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

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

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

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

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

MIANO PRES

7/12/00

941-659-9152

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2100-4-000

Attachment  
D/F 09/00/51/55  
0070653

7/12/00

UNIFORM BUSINESS REPORT


DIVISION OF CORPORATIONS

PO BOX 1500

TALLAHASSEE FL 32302-1500

ENCLOSED PLEASE FIND PAYMENT IN THE  
SUM OF \$61.25 FOR THE ANNUAL REPORT.  
ALTHOUGH THIS REPORT SAYS SECOND NOTICE  
P.N. MIAND & SONS INC NEVER RECEIVED A  
REPORT FROM YOUR OFFICE PRIOR TO THIS  
NOTICE. THE ADDITIONAL SUPPLEMENTAL FEE  
IS ALSO INCLUDED FOR A TOTAL OF \$150.00

SINCERELY

 PRES

PAUL N. MIAND PRES.