

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075922

1. Entity Name
MINT, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90349 019 ***150.00

815082



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9 ISLAND AVENUE SUITE 2308
MIAMI BEACH FL 33139

Mailing Address
9 ISLAND AVENUE SUITE 2308
MIAMI BEACH FL 33139

2. Principal Place of Business

1821 South SL 7

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

4. FEI Number **65-0778037**

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

Country

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

YAKER, REBECA F
80 SW 8TH STREET SUITE 2021
MIAMI FL 33130

Name

ROSS TRAGER

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

1000 N. HATFIELD ROAD (110)

City

PEMBROKE PINES

FL

Zip Code

33066

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/01

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 \$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	D	<input type="checkbox"/> Delete
NAME	MANEVICH, NOE	
STREET ADDRESS	9 ISLAND AVENUE SUITE 2308	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYDBURD, POLA	
STREET ADDRESS	9 ISLAND AVENUE SUITE 2308	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	BA DIRECTOR	<input type="checkbox"/> Delete
NAME	BOTERO, ALEJANDRO	
STREET ADDRESS	1407 BRICKELL AVE. N.	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3530 MYSTIC POINTE DR	
STREET ADDRESS	APT 404	
CITY-ST-ZIP	AVENUE, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/01

CR2E034 (10/00)