

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081673

1. Entity Name

MINAS MART, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90045 006 ***150.00

Principal Place of Business

11079 SW 63TH TERR.
MIAMI FL 33173

Mailing Address

11079 SW 69TH TERR.
MIAMI FL 33173-2158

2. Principal Place of Business

1021 S.W 72 STREET

Suite, Apt. #, etc.

3. Mailing Address

1021 SW 72 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0782770

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

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

BARBOSA, NIVEA
11079 SW 69TH TERR.
MIAMI FL 33173

Name

BRYANT, BERNARD

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

847 NW 119 STREET

STE # 205

City

MIAMI

FL

Zip Code

33168

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, 2000 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 ☒ Delete
NAME D
STREET ADDRESS BARBOSA, NIVEA
CITY-ST-ZIP 11079 SW 69TH TERR.
MIAMI FL 33173

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS MORAIS, JACY SILVEIRA
CITY-ST-ZIP 8401 SW 107 AVE # 204 E
MIAMI FL, 33173

TITLE ☒ Delete
NAME D
STREET ADDRESS BARBOSA, EDUARDO
CITY-ST-ZIP 11079 SW 69TH TERR.
MIAMI FL 33173

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
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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:

William A. Casyish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)