

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000103758****1. Entity Name**
MINING SERVICES, INC.**Principal Place of Business**

2170 S.E. 17 ST., STE. 202

FORT LAUDERDALE
33316

FL

Mailing Address

2 SOUTH BISCAYNE BLVD., STE. 3400

ATTN: RICHARD J. BISCHOFF, ESQ.

MIAMI
331311897

FL

2. Principal Place of Business

2170 S.E. 17 STREET

Suite, Apt. #, etc.
SUITE 202City & State
FORT LAUDERDALE FLZip
33316Country
US**3. Mailing Address**

100 S.E. SECOND STREET, 28TH FLOOR

Suite, Apt. #, etc.
C/O BISCHOFF & ASSOCIATES, P.A.City & State
MIAMI FLZip
33131Country
US**4. FEI Number****65-0799075**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.

2 SOUTH BISCAYNE BLVD., STE. 3400

ONE BISCAYNE TOWER

MIAMI

331311897

US

FL

7. Name and Address of New Registered Agent

Name

BISCHOFF RICHARD JESQ.

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

C/O BISCHOFF & ASSOCIATES, P.A.

100 S.E. SECOND STREET, 28TH FLOOR

City
MIAMI

FL

Zip Code
33131**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 **RICHARD J. BISCHOFF, ESQ.**

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

(NOTE: Registered Agent signature required when reinstating)

04/20/2000

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**

TITLE	PS	<input type="checkbox"/> Delete
NAME	LUGO PATRICIA	
STREET ADDRESS	2170 S.E. 17 ST., STE. 202	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	

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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUGO PATRICIA		
STREET ADDRESS	2170 S.E. 17 STREET, SUITE 202		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		

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		

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: PATRICIA LUGO

PS 04/20/2000