

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90209 006 ***150.00

DOCUMENT # P97000103758

1. Entity Name

MINING SERVICES, INC.

Principal Place of Business

**2170 S.E. 17 STREET
 SUITE 202
 FORT LAUDERDALE FL 33316
 US**

Mailing Address

**100 S.E. SECOND STREET, 28TH FLOOR
 C/O BISCHOFF & ASSOCIATES, P.A.
 MIAMI FL 33131
 US**

2. Principal Place of Business

3. Mailing Address

288 ARAGON AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D

City & State

CORAL GABLES, FLORIDA

Zip

Country

Zip

33134

Country

USA

4. FEI Number

65-0799075

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

**BISCHOFF, RICHARD J ESQ.
 C/O BISCHOFF & ASSOCIATES, P.A.
 100 S.E. SECOND STREET, 28TH FLOOR
 MIAMI FL 33131**

Name

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

288 ARAGON AVENUE, SUITE D

City

CORAL GABLES

FL

Zip Code

33134

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 fee 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 **PS** ☐ Delete
 NAME **LUGO, PATRICIA**
 STREET ADDRESS **2170 S.E. 17 STREET, SUITE 202**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

TITLE ☐ Delete
 NAME
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 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 #

Feb. 5, 2001 (954) 525-0105

0154301

CR2E034 (10/00)