

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
May 18, 2001 8:00 am
Secretary of State

02-12-2001 90214 013 ***150.00

DOCUMENT # P98000075547

1. Entity Name

MAXINE MINTO, M.D., INC.

Principal Place of Business

**230 E MONUMENT AVENUE
 KISSIMMEE FL 34741**

Mailing Address

**P.O. BOX 771090
 ORLANDO FL 32877-1090**

45062

2. Principal Place of Business

1130 E. Donegan Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 8

City & State

Kissimmee FL

City & State

Zip

Zip

34744

Country

osceola

Zip

Country

4. FEI Number

59-3530942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

**DRAWDY, THERESA
 210 E MONUMENT AVE
 STE A
 KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name

MAXINE MINTO MD

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

**1130 E. Donegan Ave
 #8**

City

ORLANDO Kissimmee FL

Zip Code

34744

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

5/6/01

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

TITLE **PSTD** ☐ Delete
 NAME **MINTO, MAXINE J MD**
 STREET ADDRESS **102 PARK PLACE BOULEVARD**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **MAXINE MINTO MD**
 STREET ADDRESS **1130 EAST DONEGAN AVENUE, STE 8**
 CITY-ST-ZIP **KISSIMMEE, FL 34744**

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

TITLE ☐ Change ☐ Addition
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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

MAXINE MINTO

1-22-01 (407) 846-3778

Date

Daytime Phone #

CR2E034 (10/00)