

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000103538**1. Entity Name  
MIDA INTERNATIONAL GROUP, INC.

## Principal Place of Business

10303 N.W.S. RIVER DR.  
BAY # 8  
MIAMI  
33178

FL

## Mailing Address

10303 N.W.S. RIVER DR.  
BAY # 8  
MIAMI  
33178

FL

## 2. Principal Place of Business

1070 S.W 46TH AVENUE

## 3. Mailing Address

1070 S.W 46TH AVENUE

Suite, Apt. #, etc.  
SUITE 305Suite, Apt. #, etc.  
SUITE 305City & State  
POMPANO BEACH

FL

City & State  
POMPANO BEACH

FL

Zip  
33069

Country

Zip  
33069

Country

4. FEI Number  
**65-0881118**

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

LANDER S. CARLOS M  
10302 N.W.S RIVER DR. BAY # 8MIAMI  
33178

FL

## 7. Name and Address of New Registered Agent

Name

GONZALEZ ROBERTO

Street Address (P.O. Box Number is Not Acceptable)  
1070 S.W 46TH AVENUE

SUITE 305

City  
POMPANO BEACH

FL

Zip Code  
33069

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 **ROBERTO GONZALEZ**

04/11/2001

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, 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 D ☐ Delete  
NAME MINAN FRANCISCO  
STREET ADDRESS 10302 N.W.S. RIVER DR. BAY # 8  
CITY-ST-ZIP MEDLEY FL 33178TITLE D ☐ Delete  
NAME LANDER S. CARLOS M  
STREET ADDRESS 10302 N.W.S. RIVER DR. BAY # 8  
CITY-ST-ZIP MIAMI FL 33178TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME MINAN FRANCISCO  
STREET ADDRESS 1070 S.W 46TH AVENUE SUITE 305  
CITY-ST-ZIP POMPANO BEACH FL 33069TITLE D ☒ Change ☐ Addition  
NAME GONZALEZ ROBERTO  
STREET ADDRESS 1070 S.W 46TH AVENUE SUITE 305  
CITY-ST-ZIP POMPANO BEACH FL 33069TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: FRANCISCO MINAN

D

04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)