

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90093 006 \*\*\*150.00

**DOCUMENT # P99000018622**

1. Entity Name

**MINOR PARTNERS, INC.**

Principal Place of Business

Mailing Address

5055 COLLINS AVE. APT. 3D  
 MIAMI BEACH FL 33140

5055 COLLINS AVE. APT. 3D  
 MIAMI BEACH FL 33140-2708

2. Principal Place of Business

*ABOVE*

3. Mailing Address

*ABOVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

*05-0909373*

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HABER, DAVID B**  
**2 S. BISCAYNE BLVD. STE. 3660**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name *ARNOLD HABER*  
 Street Address (P.O. Box Number is Not Acceptable) *3055 COLLINS AVE #3D*  
 City *MIAMI BEACH*  
 State **FL** Zip Code *33140*

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

*ARNOLD HABER*

*Arnold Haber*

*1/25/00*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>ARNOLD HABER</i> <i>3055 COLLINS AVE # 3D</i> <i>M.B. FL. 33140</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DAVID B. HABER TRG</i> <i>1831 W. V3 ST.</i> <i>M.B. FL. 33140</i>	<input type="checkbox"/> Delete <i>SECRETARY</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Arnold Haber* **ARNOLD HABER** *1/25/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #