

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000033752

1. Entity Name
SAM MINIEA FAMILY HOLDINGS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 29 AM 8:01

Principal Place of Business
19 GATEHOUSE ROAD
FORT LAUDERDALE FL 33308

Mailing Address
19 GATEHOUSE ROAD
FORT LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0910968

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MINIEA, SAM A
19 GATEHOUSE ROAD
FORT LAUDERDALE FL 33308

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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!!! FEES \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MINIEA, SAM A
19 GATEHOUSE ROAD
FORT LAUDERDALE FL 33308 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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10/29/02--01070--001 **150.00

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CITY-ST-ZIP
☐ Change ☐ Addition

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

10/24/02

Date

Daytime Phone #

CR2E034 (4/02)

2

H&R

HINKLE & RICHTER, LLP

CERTIFIED PUBLIC ACCOUNTANTS

2600 N.E. 14TH STREET CAUSEWAY

POMPANO BEACH, FLORIDA 33062-8224

(954) 941-2312 • (800) 209-7226

FAX (954) 941-0777

DARRYL L. HINKLE, CPA, CFP
JACOB C. RICHTER, CPA

GLEN A. RAGATZ, CPA
GREGORY B. WILDER, CPA

MEMBER:

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

October 22, 2002

Department of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

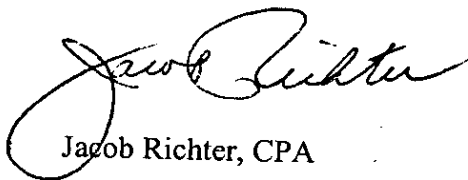
Gentlemen:

We respectfully request that the penalty associated with the enclosed form be waived due to the poor health of the entity's registered agent Sam Miniea.

Mr. Miniea is an elderly gentleman, which because of poor health became a double amputee last spring. Mr. Miniea had an extended convalescence, which was expected. During his convalescence he tried to perform his corporate duties, but failed in some aspects, namely the filing of this form. His son just recently came across this form and immediately sent it to our office for our consideration.

Enclosed please find the completed form and a check in the amount of \$150.00, which we hope you will find acceptable.

Sincerely,



Jacob Richter, CPA