

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045429

1. Entity Name

MICROMINT, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90045 031 ***150.00

Principal Place of Business

Mailing Address

~~740 FLORIDA CENTRAL PKWY., SUITE 1028~~
LONGWOOD FL 32750

~~740 FLORIDA CENTRAL PKWY., SUITE 1028~~
LONGWOOD FL 32750-7652

2. Principal Place of Business

3. Mailing Address

902 Waterway Place

902 Waterway Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood Florida

City & State

Longwood Florida

Zip

Country

32750 US

Zip

Country

32750 US

4. FEI Number

59-357-6468

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

TETI, CHRISTOPHER
1301 PLEASANTRIDGE PLACE
ORLANDO FL 32835

Name

Teti, Christopher

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

902 Waterway Place

City

Longwood

FL

Zip Code

32750

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D President
TETI, CHRISTOPHER
1301 PLEASANTRIDGE PLACE
ORLANDO FL 32835

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Cerasoli, Frank
4270 Aloma Ave. PMB 124/56C
Winter Park FL 32792

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
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:

SIGNATURE REQUIRED Frank Cerasoli

4-1800

407-262-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)