

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90106 028 ***150.00

DOCUMENT # P99000045429

1. Entity Name
MICROMINT, INC.



Principal Place of Business
**902 WATERWAY PLACE
LONGWOOD FL 32750
US**

Mailing Address
**902 WATERWAY PLACE
LONGWOOD FL 32750
US**

2. Principal Place of Business

115 Timberlachen Cr.

Suite, Apt. #, etc.

Suite 2001

City & State
Lake Mary FL

Zip Country
32746 US

3. Mailing Address

115 Timberlachen Cr.

Suite, Apt. #, etc.

Suite 2001

City & State
Lake Mary FL

Zip Country
32746 US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3576468**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TETI, CHRISTOPHER
902 WATERWAY PL
LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name **FRANK Cerasoli - MICROMINT, INC**
Street Address (P.O. Box Number is Not Acceptable)
115 Timberlachen Cr. Ste. 2001
City **Lake Mary** FL Zip Code **32746**

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 **Frank Cerasoli**
Signature, typed or printed name of registered agent and title if applicable.

4/16/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VP** ☒ Delete
NAME **CERASOLI, FRANK**
STREET ADDRESS **4270 ALEMA AVE PMB 124/56C**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Cerasoli, FRANK**
STREET ADDRESS **115 Timberlachen Cr. Ste 2001**
CITY-ST-ZIP **Lake Mary FL 32746**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FRANK CERASOLI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 **407-262-0066**
Date Daytime Phone #

CR2E034 (10/02)