

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045954

1. Entity Name

MINER'S GUARANTEE, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90142 041 \*\*\*150.00

Principal Place of Business

Mailing Address

8925 COLLINS AVENUE  
LOWER PENTHOUSE "H"  
SURFSIDE FL 33154

8925 COLLINS AVENUE  
LOWER PENTHOUSE "H"  
SURFSIDE FL 33154-3530

2. Principal Place of Business

1000 N.W. 159<sup>TH</sup> DRIVE

3. Mailing Address

1000 N.W. 159<sup>TH</sup> DRIVE

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

2nd Floor

City & State

Miami, FL

City & State

Miami, FL

Zip

33169

Country

USA

Zip

33169

Country

USA

4. FEI Number

65-0920465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VIDI, JOSEPH R  
8925 COLLINS AVENUE  
LOWER PENTHOUSE "H"  
SURFSIDE FL 33154

7. Name and Address of New Registered Agent

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.

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

TITLE ☐ Delete  
NAME D/P/S  
STREET ADDRESS Joseph R. Vidi  
CITY-ST-ZIP 8925 Collins Ave, Lower Penthouse "H"  
Surfside, FL 33154

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

4/26/2000 305-753-9167

CR2E034 (9/99)