

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062851

1. Entity Name
M & M OF SANIBEL-CAPTIVA, INC.

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90010 049 ***558.75

0124828 AT

Principal Place of Business
1172 KITTIWAKE CIR.
SANIBEL ISLAND FL 33957

Mailing Address
1172 KITTIWAKE CIR.
SANIBEL ISLAND FL 33957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Village Cafe, 14970 Captiva Dr.
Suite, Apt. #, etc.
P.O. Box 28

3. Mailing Address
P.O. Box 28
Suite, Apt. #, etc.

City & State
Captiva, FL

City & State
Captiva FL

4. FEI Number 65-0934991

Applied For
Not Applicable

Zip 33924-0028 Country U.S.A.

Zip 33924-0028 Country U.S.A.

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

6. Name and Address of Current Registered Agent

MINOUI, HORMOZ M
1172 KITTIWAKE CIR.
SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent

Name Paul H. Minoui
Street Address (P.O. Box Number is Not Acceptable)
1550 Bunting Lane
City Sanibel FL Zip Code 33957

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 *Paul H. Minoui President*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 7/31/01

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 \$550.00
After September 12, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	MINOUI, HORMOZ M	
STREET ADDRESS	1172 KITTIWAKE CIR.	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MINOUI, EVELYN	
STREET ADDRESS	1172 KITTIWAKE CIR.	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul H. Minoui	
STREET ADDRESS	1550 Bunting Lane	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kara M. Minoui	
STREET ADDRESS	1550 Bunting Lane	
CITY-ST-ZIP	Sanibel FL 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *SCOTT R. MINOUI*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 7/31/01 (941) 472-1956
Date Daytime Phone #

CR2E034 (5/01)