

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2006 8:00 am x1
Secretary of State

03-03-2006 90107 004 ***150.00

DOCUMENT # P99000106748
1. Entity Name
MINAR, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6667 BISCAYNE BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33138	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0966723		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Marylin -Jasmine Shaikh	
Street Address (P.O. Box Number is Not Acceptable) 6667 BISCAYNE BLVD	
City MIAMI, FL	Zip Code 33138

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 Marylin J. Shaikh
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Marylin -Jasmine Shaikh 6667 BISCAYNE BLVD MIAMI, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marylin J. Shaikh Marylin J. Shaikh 03/01/06 (305) 757-2775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #