## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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

DOCUMENT # P99000106748					03-03-2006 90107 004 ***150.00	
	# P9900010074	10				
1. Entity Name		The second second second		(100 ) To 100 (100 )		
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MINIAD INC						
MINAR; INC			1-1-1-1-1-1-1-1	24/4/4240404040404040404040404040	40023523	
					<b>^UU</b> US3253	
no N	OTWRITE	E IN THIS S	$\mathbf{p}_{\mathbf{\Lambda}}$		400.	
2. Principal Place of Business		3. Mailing Address				
6667 BISCAYNE BLVD		0 : 1 : 1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
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City & State		City & State			4. FEI Number	Applied For
MIAMI, FL					65-0966723	Not Applicable
Zip ·	Country	Zip	Co	ountry	F 0-461 60-1 0	\$8.75 Additional
33138		]			5. Certificate of Status Desired	Fee Required
				7. Name and Address of Current Registered Agent		
				Name	mo and Address of Content Registered Agent	
					sine Shaikh	
	RITE			Marylin -Jasmine Shaikh Street Address (P.O. Box Number is Not Acceptable) 6667 BISCAYNE BLVD		
	N THIS SP	AGE		COOT BIOCKT	INC DEVID	
				City		Zip Code
				MIAMI, FL	FL	33138
8. The above named	entity submits this s	tatement for the nurnos	e of ch	anging its regi	stered office or registered agent, or	both in the
State of Florida	am familiar with and	accept the obligations	of regi	stered anent	stered office of registered agent, or	Dour, ar are
	4 / 1	decept the obligations	o, regi	stered agent.		
SIGNATURE	narylin V	Shouth				
		of registered agent and title if a	pplicable	e. (NOTE: Regis	tered Agent signature required when reinstatin	g) DATE
January 1 - May 1 Fee is \$150.00						
After May 1, Fee is \$550.00					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
Amended UBR is \$61.25						
Make Check Payable	e to Florida Departn	ent of State				_
10.		ND DIRECTORS	11.			
TITLE	DIRECTOR		Tf	r.E		
NAME	Marylin -Jasmine Shaikh 6667 BISCAYNE BLVD		NAME STREET ADDRES			
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CITY-ST-ZIP	ho information ourselled	with this filips does not o	ralify fo	TY-ST-ZIP	stated in Section 119.07(3)(i), Florida St	atutes I further
andifute at the later	me information supplied	report or supplemental re-	ualiy 10	uie exemption :	and that my signature shall have the sa	me lensi effect
certily that the inform	nation indicated on this	rehorr or anhbiermental tel	1011 12 []	ne and accorate	and that thy signature shall have the sa	inc legar chect

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.