

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F23433

1. Entity Name

MIRA BOX COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90788 017 ***150.00

Principal Place of Business

Mailing Address

~~7180 N. AUGUSTA DR. MIAMI, FL 33015~~
~~P.O. BOX 170457~~
~~HALEAH FL 33017-7457~~

~~7180 N. AUGUSTA DR. MIAMI, FL 33015~~
~~P.O. BOX 170457~~
~~HALEAH FL 33017-0457~~

2. Principal Place of Business

3. Mailing Address

8601 NW 61 ST
 Suite, Apt. #, etc.

PO Box 170457
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Miami FL

City & State
 Hialeah FL

4. FEI Number 59-2072678

Applied For
 Not Applicable

Zip 33166

Country GAD

Zip 33017

Country GAD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADRON, RAFAEL
 7180 N AUGUSTA DR
 MIAMI FL 33015

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named agent certifies this statement to changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

4-26-2000

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PADRON, RAFAEL	
STREET ADDRESS	7180 N. AUGUSTA DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	PADRON, MIREYA P	
STREET ADDRESS	7180 N. AUGUSTA DR.	
CITY-ST-ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)