

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G49435					
1. Entity Name MIROVI CORPORATION					
Principal Place of Business 2460 SW 137TH AVE. SUITE 242 MIAMI, FL 33175			Mailing Address 2460 SW 137TH AVE. SUITE 242 MIAMI, FL 33175		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-2309117	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent VICARA, MIRIAM F 13960 SW 16 TERR. MIAMI, FL 33175				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD VICARIA, MIRIAM F 13960 SW 16 TERRACE MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST VICARIA, ROLANDO J 13960 SW 16 TERRACE MIAMI, FL 33175	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		3/28/03 (305) 227-0717			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Cayman Phone #			

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CR2E034 (10/02)