

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003182

1. Entity Name

MIRAN INVESTMENT GROUP, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02

Principal Place of Business

1400 WEST FAIRBANKS AVE., SUITE 102
WINTER PARK FL 32789

Mailing Address

1400 WEST FAIRBANKS AVE., SUITE 102
WINTER PARK FL 32789

2. Principal Place of Business

254 CR. 427 SOUTH

Suite, Apt. #, etc.

SUITE #126

City & State

LONGWOOD, FL.

Zip

32750

Country

SEMINOLE

3. Mailing Address

254 CR. 427 SOUTH

Suite, Apt. #, etc.

SUITE #126

City & State

LONGWOOD, FL.

Zip

32750

Country

SEMINOLE



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2176880

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASTANG, LAWRENCE J

1400 WEST FAIRBANKS AVE., SUITE 102
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

KEN FORCE

Street Address (P.O. Box Number is Not Acceptable)

254 CR. 427 SOUTH

SUITE #126

City

LONGWOOD, FL.

FL

Zip Code

32750

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

KEN FORCE SECRETARY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-22-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHANTA LIMITED
1400 WEST FAIRBANKS AVE., SUITE 102
WINTER PARK FL 32789 ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHANTA LIMITED
254 CR. 427 SOUTH #126
LONGWOOD, FL. 32750 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003380313--8
-09/01/00--01061--021
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE:

KEN FORCE SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8-22-00

Date

407-265-9792

Daytime Phone #

CP2E083 (5/00)