

2001 UNIFORM BUSINESS REPORT (UBR)

0013017 AF

DOCUMENT # L99000009282

1. Entity Name
MIRAFLO L.L.C.

FILED
01 APR 23 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14400 STIRLING ROAD
FORT LAUDERDALE FL 33330

Mailing Address
14400 STIRLING ROAD
FORT LAUDERDALE FL 33330



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0972236
5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
GERHOLD, LAURA
14400 STIRLING ROAD
FORT LAUDERDALE FL 33000

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAIGHT, GEORGE M 14400 STIRLING ROAD FORT LAUDERDALE FL 33000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004134530--7 -05/03/01--01122--028 *****55.00 *****55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAIGHT, CHRISTOPHER T 14400 STIRLING ROAD FORT LAUDERDALE FL 33000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.

SIGNATURE: *Laura Gerhold* 4/19/01 954-434-8456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)