

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90613 001 \*\*\*150.00  
 04-28-2002 90613 002 \*\*\*150.00

**DOCUMENT # P00000026220**

1. Entity Name  
**MIR, INC.**

Principal Place of Business

**2122 MADISON ST.  
 HOLLYWOOD FL 33020**

Mailing Address

**2122 MADISON ST.  
 HOLLYWOOD FL 33020**

2. Principal Place of Business

**4517 PINE ISLAND ROAD**

3. Mailing Address

**4517 PINE ISLAND ROAD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**SUNRISE**

City & State  
**SUNRISE FL 33351**

4. FEI Number **65-1002417**

Applied For  
 Not Applicable

Zip  
**FL 33351**

Country  
**BROWARD**

Zip  
**FL 33351**

Country  
**BROWARD**

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

**MIR, IMTIAZ  
 2122 MADISON ST.  
 HOLLYWOOD FL 33020**

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

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

(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, 2002 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  
**VT** ☐ Delete  
 NAME  
**MIR, IMTIAZ**  
 STREET ADDRESS  
**2122 MADISON ST.**  
 CITY-ST-ZIP  
**HOLLYWOOD FL 33020**

TITLE  
**VICE PRESIDENT (VT)** ☒ Change ☐ Addition  
 NAME  
**MIR, IMTIAZ**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**PRESIDENT (P)** ☐ Change ☒ Addition  
 NAME  
**MIR, KHURRAM**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**SECRETARY (S)** ☐ Change ☒ Addition  
 NAME  
**MIR, ALIA (ANA SUDAF NAL MIR)**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**DIRECTOR (D)** ☐ Change ☐ Addition  
 NAME  
**MIR, JAWED.**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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: **IMTIAZ MIR** **REQUIRED IMTIAZ MIR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)