## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P0000029250 MIRANDA & KARL ENTERPRISES, INC. 03-02-2001 90045 036 \*\*\*150.00 Principal Place of Business Mailing Address 19921 S.W. 304TH STREET 19921 S.W. 304TH STREET HOMESTEAD FL 33030 HOMESTEAD FL 33030 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Zip Country **\$8.75** Additional. 5.\_Certificate of Status Desired ----Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORRISON, KEITH Street Address (P.O. Box Number is Not Acceptable) 19921 S.W. 304TH STREET HOMESTEAD FL 33030 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!!-FEE IS:\$150.00. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition **PSD** ☐ Detete TITLE TITLE NAME MORRISON, KEITH NAME STREET ADDRESS STREET ADDRESS 19921 S.W. 304TH STREET CITY-ST-ZIP CITY-ST-7IP **HOMESTEAD FL 33030** [ ] Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received 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 other like empowered.

FILED