

2002 UNIFORM BUSINESS REPORT (UBR)

5/27

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-27-2002 90337 031 ***150.00

DOCUMENT # P00000094175

1. Entity Name
MIRSA, INC.

Principal Place of Business
1177 N.W. 81ST AVENUE
MIAMI FL 33150
US

Mailing Address
P.O. BOX 801545
NORTH MIAMI BEACH FL 33080

94542



2. Principal Place of Business
1177 NW 81st Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 415843
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
Zip
33150
Country
USA

City & State
Miami Beach, FL
Zip
33141-5843
Country
USA

4. FEI Number
03-0408876
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ZILBERMAN, DAVID
1177 N.W. 81ST AVENUE
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name
Robert Marriott
Street Address (P.O. Box Number is Not Acceptable)
1177 NW 81st Street
City
Miami **FL** Zip Code
33150

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/15/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV TOKAR, RICARDO G 1177 N.W. 81ST AVENUE MIAMI FL 33150	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZILBERMAN, DAVID 1177 N.W. 81ST AVENUE MIAMI FL 33150	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Marriott, Robert 1177 NW 81st Street Miami, FL 33150	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert Marriott **Robert Marriott**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/02

Date

305-835-0717

Daytime Phone #

CR2E034 (9/01)