## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 14, 2002 8:00 am Secretary of State **DOCUMENT #** P01000062235 1. Entity Name MIROS INTERNATIONAL CORPORATION 05-14-2002 90309 042 \*\*\*150.00 Principal Place of Business Mailing Address 1500 BAY RD. STE 1022 1500 BAY RD. STE 1022 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business Mailing Address RUAR 1500 1022 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1022 1022 City & State City & State 4. FEI Number - 1124542 Applied For Medery FLORIDA FLORIDA Not Applicable -33139 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIROS, GILDA Street Address (P.O. Box Number is Not Acceptable) 1500 BAY RD, STE 1022 MIAMI BEACH FL 33139 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PCEO** TITLE ☐ Delete TITLE ☐ Change ☐ Addition MIROS, KARYM NAME NAME STREET ADDRESS 1500 BAY RD, STE 1022 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME MIROS, GILDA NAME STREET ADDRESS 1500 BAY RD, STE 1022 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE Delete == -== TITLE .\_ - ----Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

**FILED**