

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90021 014 \*\*\*150.00

**DOCUMENT # P01000077588**

1. Entity Name

**MIRI, CO.**

Principal Place of Business

**649 S.W. WHITMORE DR.  
 PORT ST. LUCIE FL 34984**

Mailing Address

**649 S.W. WHITMORE DR.  
 PORT ST. LUCIE FL 34984**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1744747**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**STINSON, LOUIS JR.  
 4675 PONCE DE LEON BLVD.  
 STE. 305  
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name **JOSEPH G. BUTERA, JR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**649 SW WHITMORE DR**  
**PORT ST. LUCIE FL 34984**

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

*Joseph G. Butera, Jr*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/2002**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STINSON, LOUIS JR.</b>	
STREET ADDRESS	<b>4675 PONCE DE LEON BLVD., STE. 305</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DIRECTOR/CO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIMMONS, RONALD E</b>	
STREET ADDRESS	<b>649 SW WHITMORE DR</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34984</b>	
TITLE	<b>DIRECTOR/PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANTHONY C. BONGIOVI</b>	
STREET ADDRESS	<b>649 SW WHITMORE DR</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34984</b>	
TITLE	<b>DIRECTOR/VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANTHONY FERGUSON</b>	
STREET ADDRESS	<b>649 SW WHITMORE DR</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34984</b>	
TITLE	<b>DIRECTOR/VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSEPH G. BUTERA JR</b>	
STREET ADDRESS	<b>649 SW WHITMORE DR</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34984</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:**

*Joseph G. Butera, Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/2002 581-879-0578**

CR2E034 (9/01)