

2002 UNIFORM BUSINESS REPORT (UBR)

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

0506917 AV

DOCUMENT # P01000077588

1. Entity Name
MIRI, CO.

04-30-2002 90021 014 ***150.00

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

4. FEI Number
65-1744747

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

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

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

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** DATE **4/15/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input checked="" type="checkbox"/> Delete
NAME	STINSON, LOUIS JR.
STREET ADDRESS	4675 PONCE DE LEON BLVD., STE. 305
CITY-ST-ZIP	CORAL GABLES FL 33146
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	DIRECTOR/CO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, RONALD E
STREET ADDRESS	649 SW WHITMORE DR
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	DIRECTOR/PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY C. BONGIOVI
STREET ADDRESS	649 SW WHITMORE DR
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	DIRECTOR/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY FERGUSON
STREET ADDRESS	649 SW WHITMORE DR
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	DIRECTOR/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH G. BUTERA JR
STREET ADDRESS	649 SW WHITMORE DR
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
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** DATE **4/15/2002** DAYTIME PHONE # **561-879-0578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)