

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91203 036 ***150.00

DOCUMENT # P02000055660

Entity Name

MIRLA BARRIE, INC.

DO NOT WRITE IN THIS SPACE

20032215

Principal Place of Business
555 N.E. 15TH STREET

3. Mailing Address
555 N.E. 15TH STREET

Suite, Apt. #, etc.
#19-J

Suite, Apt. #, etc.
#19-J

City & State
MIAMI FL,

City & State
MIAMI FL,

4. FEI Number
75-3058926

Applied For
Not Applicable

Zip
33132

Country
USA

Zip
33132

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MIRLA SABINO

Street Address (P.O. Box Number is Not Acceptable)
555 N.E. 15TH STREET

#19-J

City
MIAMI

FL

Zip Code
33132

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS

TITLE
PRESIDENT/SECRETARY
NAME
MIRLA P. SABINO
STREET ADDRESS
555 N.E. 15TH STREET #19-J
CITY-ST-ZIP
MIAMI FL, 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VICE-PRESIDENT/TREASURER
NAME
BARRIE MOSKOWITZ
STREET ADDRESS
954 LEXINGTON AVENUE #274
CITY-ST-ZIP
NY, NY 10021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)