

FILED  
Feb 27, 2003 8:00 am  
Secretary of State

02-12-2003 90101 007 \*\*\*150.00

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☒ CHECK HERE IF MAKING CHANGES

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000081330

1. Entity Name  
MIRA HOSPITALITY, INC.



Principal Place of Business  
11710 MAGNOLIA FALLS DR.  
JACKSONVILLE FL 32258

Mailing Address  
11710 MAGNOLIA FALLS DR.  
JACKSONVILLE FL 32258

2. Principal Place of Business  
5331 E. Silver Springs Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
5331 E. Silver Springs Blvd  
Suite, Apt. #, etc.

City & State  
Silver Springs FLORIDA

City & State  
Silver Springs FLORIDA

Zip Country  
34488 U.S.A.

Zip Country  
34488 U.S.A.

4. FEI Number  
13- 4207188

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

MAKANJI, JAYANTILAL B  
11710 MAGNOLIA FALLS DR.  
JACKSONVILLE FL 32258

**7. Name and Address of New Registered Agent**

Name  
MAKANJI, JAYANTILAL B.  
Street Address (P.O. Box Number is Not Acceptable)  
5331 E. Silver Springs Blvd  
Silver Springs  
City FL Zip Code  
34488

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jayantilal B. Makanji JAYANTILAL B. MAKANJI President 2/11/03  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAKANJI, JAYANTILAL B 11710 MAGNOLIA FALLS DR. JACKSONVILLE FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, SEC. Treasurer MAKANJI, JAYANTILAL B. 5331 E. Silver Springs Blvd Silver Springs, FL 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAKANJI, NIRUBEN J 11710 MAGNOLIA FALLS DR. JACKSONVILLE FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D MAKANJI, NIRUBEN D. 533 E. Silver Springs Blvd Silver Springs, FL 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jayantilal B. Makanji JAYANTILAL B. MAKANJI 2/11/03 352-236-2383  
(Signature and typed or printed name of signing officer or director. Date Daytime Phone #)

CR2E034 (10/02)