## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P02000107632 **DOCUMENT #**



## FILED Mar 24, 2003 8:00 am Secretary of State

MIRANDA		TRANSPORT, IP	NC.					03-24-20	03 90166 (	048 ***150	0.00	
Principal Place of Business 9321 PINE LN OCALA FL 34472			9321	Mailing Address 9321 PINE LN OCALA FL 34472				1 PROTESTA (SE SONTÉ SERVE DESI	II <b>ku</b> rri <b>ario</b> i aidri	ATRI LEDIE CHIEF	5 1484 <b>4</b> 41 <b>8</b> 1 1 <b>44</b> 1	
2. Principal P	Place of Busin	ness	3. Mail	ling Address		<del></del> .						
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			<b>4.</b> F	El Number \$2-05	68075	) A	Applied For Not Applicable	
Zip	Zip Country			Zip Cour		try	5. Certificate of Status Desired		\$8.75 Ad Fee Require	\$8.75 Additional Fee Required		
	6. Name	and Address of Cu	rrent Registere	d Agent			7. N	lame and Address of Ne	w Registered	Agent		1
MIRANDA 9321 PINE OCALA FI						Name Street Addres	ss (P.O. Bo	ox Number is Not Accepta	able)			-
OONENTI	LOTTIE					City				Zip Cod	lo.	┨
									F	<u> </u>		j
	named entity tions of regist		ent for the purpo	ose of changing its	registere	ed office or regis	stered age	ent, or both, in the State o	f Florida. I am	n familiar with,	and accept	
SIGNATURE .												1
	Signature, typeo	or printed name of registered	d agent and title if appl	licable. (NOTE	: Registere	d Agent signature requ	uired when rei	instating)	DATE			
F Afte	ILE NOW! r May 1, 20	or printed name of registered.  !! FEE IS \$150.00  03 Fee will be \$55  o Florida Department	0.00	licable. (NOTE	E: Registered	d Agent signature requ	uired when rei	9. Election Campaigr Trust Fund Contrib	Financing		00 May Be	
F Afte	ILE NOW! r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$55 o Florida Departme	0.00		: Registered	d Agent signature requ		9. Election Campaign	Financing ution.	Added	d to Fees	
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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:** 

352-427-8110

Daytime Phone #