FILED

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

Apr 28, 2003 8:00 am Secretary of State DOCUMENT # P02000132241 04-28-2003 90974 025 ***150.00 1. Entity Name MIRANDA'S PLACE, INC. Principal Place of Business Mailing Address TIUCTOIP 15-E PALM HARBOR WAY 15-E PALM HARBOR WAY PALM COAST FL 32137 PALM COAST FL 32137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 14/860859 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONALD W. DUNCAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 21 OLD KINGS RD. NORTH, B-110 PALM COAST FL 32137 City Zip Code 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 obligat SIGNATURE (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 / 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Addition ☐ Delete NAME NAME MIRANDA, ANDREA 9c PainHarbor Village Wan STREET ADDRESS STREET ADDRESS 9-C PALM HARBOR WAY CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME MIRANDA, CARLOS A STREET ADDRESS STREET ADDRESS 9-C PALM HARBOR WAY CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

SIGNATUR