

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035647

1. Entity Name
MIANA SUPPLIERS LTD., INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90001 039 ***150.00

Principal Place of Business

Mailing Address

~~16000 SW 80TH ST~~
MIAMI FL ~~33186~~
US

~~16000 SW 80TH ST~~
MIAMI FL ~~33186~~
US

2. Principal Place of Business

3. Mailing Address

14520 SW 145 PLACE

14520 SW 145 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number 65-0413788

Applied For

Not Applicable

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

MANHEIM, ALFRED ESQ
5901 SW 74TH STREET
SUITE 403
MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 ☐ Delete
NAME D-P
STREET ADDRESS REIS, MERLENE A
CITY-ST-ZIP 13051 F SW 30TH TERRACE 14520 SW 145 PL
MIAMI FL 33186 MIAMI, FL. 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS COOLEY, FRANCINE
CITY-ST-ZIP 16000 SW 80TH ST 16485 SW 20th ST
MIAMI FL 33186 MIRAMAR, FL. 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Merlene A - Reis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 305-205-7504
Date Daytime Phone #

CR2E034 (10/00)