

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008192

1. Entity Name

MIRA ASSOCIATES, INC.

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90034 017 \*\*\*150.00

Principal Place of Business

Mailing Address

5951 N.W. 151ST ST.

317 R. OCEAN AVE

#100

#100

MIAMI FL 33014

MELBOURNE BEACH FL 32951-2519  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

317 R. Ocean Ave

Suite, Apt. #, etc.  
Melbourne Beach

Suite, Apt. #, etc.

City & State

City & State

FL

4. FEI Number 65-0557291

Applied For

Not Applicable

Zip

Country

Zip

Country

32951

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

PULCINI, TANYA  
5951 N.W. 151ST ST.  
#100  
MIAMI FL 33014

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, 2000 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 D  
NAME PULCINI, TANYA  
STREET ADDRESS 5951 N.W. 151 ST., #100  
CITY-ST-ZIP MIAMI FL 33014

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)