

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

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90167 010 ***550.00

DOCUMENT # **P95000052496**

1. Entity Name

Miri Medical, Inc

DO NOT WRITE IN THIS SPACE

B0135491

2. Principal Place of Business

7401 N. University Dr.

Suite, Apt. #, etc.

Suite 105

City & State

Tamarac FL

Zip

33321

Country

USA

3. Mailing Address

7401 N. University Dr.

Suite, Apt. #, etc.

Suite 105

City & State

Tamarac FL

Zip

33321

Country

USA

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4. FEI Number

65-0593536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Barbara J. Mishkin

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

200 East Broward Blvd.

City

Ft. Lauderdale

FL

Zip Code

33301

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IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
Mishkin, Gary J
8716 Tuckerman Lane
Potomac MA 20854**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Secretary
Mishkin, Barbara J
7707 NW 79th St.
Tamarac FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Treasurer
Mishkin, Miriam
8716 Tuckerman Lane
Potomac MD 20854**

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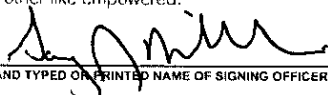
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Gary J. Mishkin, President 8/15/02

202 413 0963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)