

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90101 018 ***150.00

DOCUMENT # P95000073273

1. Entity Name

JUAN MIR INTERIOR DESIGN, INC.

Principal Place of Business

Mailing Address

~~401 MIRACLE MILE~~
~~SUITE 409~~
~~CORAL GABLES FL 33134~~

~~401 MIRACLE MILE~~
~~SUITE 409~~
~~CORAL GABLES FL 33134~~

A0031583



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

330 S.W. 27 Avenue

330 S.W. 27 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

409

409

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number

65-0615866

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

33135

U.S.

Zip

Country

33135

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIR, JUAN E

~~401 MIRACLE MILE~~

~~SUITE 409~~

~~CORAL GABLES FL 33134~~

Name

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

330 S.W. 27 Ave. Suite # 409

City

Miami

FL

Zip Code

33135

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.

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** Delete
 NAME **MIR, JUAN E**
 STREET ADDRESS **401 MIRACLE MILE, SUITE 403**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME **330 S.W. 27 Avenue**
 STREET ADDRESS **Suite 409**
 CITY-ST-ZIP **Miami FL 33135**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)