## 2000 UNIFORM BUSINESS REPORT (UBR)

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## FILED DOCUMENT # P9600002419 Apr 13, 2000 8:00 am 1. Entity Name Secretary of State MIRATUR TRADING CORPORATION 04-13-2000 90044 012 \*\*\*150.00 Principal Place of Business Mailing Address 8335 NW 68TH ST 8335 NW 68TH ST MIAMI FL 33166-2655 **MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address 8328 んw 68TH 328 NW 687H 22 55 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0640442 60 MIBM FL MAN Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3166 3166 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SLOSBERGAS, NELSON Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DR. SUITE 400 68TH **MIAMI FL 33131** Zip Code 33/66 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 🚣 rinted name of registered agent and title if applic This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 9. This corporation 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. X Addition PS D ☐ Change PSD 🔀 Delete TITLE TITLE PAULO SCHERER 8328 NW 68TH ST GLIKAS, ALEXANDRE NAME STREET ADDRESS STREET ADDRESS 8335 NW 68TH ST MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** VPTD Change Addition TITLE **VPTD** Delete TITLE BEATRIZ PERENRA GLIKAS, CLARICE NAME NAME STREET ADDRESS 8328 NW 68TH ST STREET ADDRESS 8335 NW 68TH ST CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP MIAMI FL 33166 Change ☐ Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of true tipe 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.