

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90156 002 ***150.00

DOCUMENT # P97000027485

1. Entity Name
MIRA (MIAMI), INC.



Principal Place of Business
128 NE 1ST AVE
MIAMI FL 33132
US

Mailing Address
128 NE 1ST AVENUE
MIAMI FL 33132
US

60010449



2. Principal Place of Business
126 N.E. 1st STREET

3. Mailing Address
126 N.E. 1st STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0748660**

Applied For
Not Applicable

Zip **33132** **Country**

Zip **33132** **Country**

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

LALWANI, ANIL
128 NE 1ST AVENUE
MIAMI FL 33132

Name **NARESH . LUTHRIA**

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

126 N.E. 1st STREET

City **MIAMI** **FL** **Zip Code** **33132**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **A. LALWANI - PRESIDENT.**

01/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **LALWANI, ANIL**
STREET ADDRESS **128 NE 1ST AVENUE**
CITY-ST-ZIP **MIAMI FL 33132**

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

TITLE **ST** ☐ **Delete**
NAME **LALWANI, KISHIN**
STREET ADDRESS **128 NE 1ST AVENUE**
CITY-ST-ZIP **MIAMI FL 33132**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ASIGALWANI (ANIL LALWANI)** **01/10/03** **305-373-5777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)