

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033653

1. Entity Name

MIRABELLA COMMUNICATIONS, INC

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90113 045 ***150.00

Principal Place of Business

Mailing Address

3314 HENDERSON BLVD
SUITE 100
TAMPA FL 33609
US

P.O. BOX 320486
TAMPA FL 33609
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3464389

Applied For

Not Applicable

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

MIRABELLA, SAM JR.
4909 SAN RAFAEL ST
TAMPA FL 33629

Name

SAM Mirabella Jr

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

4909 San Rafael

City

Tampa Flg

FL

Zip Code

33629

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 of individual or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MIRABELLA, SAM JR
4410 CLEVELAND ST
TAMPA FL 33609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4909 San Rafael
Tampa, Fl 33629

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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 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

2/17/01 (813) 8796199

Date

Daytime Phone #

CR2E034 (10/00)