FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90037 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043063

1. Entity Name: MIRMAT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1580 W. PRESTWICK	SAME
Suite, Apt. #, etc.: —	Suite, Apt. #, etc.: —
City & State: MI-A-MI LAKES	City & State: FL
Zip: 33014 Country: USA	Zip: 33014 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0835881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JESUS R. ARELLANO

Street Address (P.O. Box Number is Not Acceptable): 1580 W. PRESTWICK PL

City: MIAMI LAKES FL Zip Code: 33014

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: Jesus R. Arellano. 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	JESUSA R. ARELLANO
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARIA BONILLA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE/PRES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIRIAM PRIETO
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Jesus R. Arellano. 4-29-02.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #