

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058085

1. Entity Name

MIRA ENTERPRISES, INC.

FILED

Mar 29, 2001 8:00 am  
Secretary of State

03-29-2001 90403 016 \*\*\*150.00

0515732

Principal Place of Business

5251 3RD STREET  
ZEPHYRHILLS FL 34248

Mailing Address

5251 3RD STREET  
ZEPHYRHILLS FL 34248

00043430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3524007

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

DIAZ, JOSEPH L  
2522 WEST KENNEDY BLVD.  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name Michael S. Mira  
Street Address (P.O. Box Number is Not Acceptable) 5251 3rd ST  
City Zephyrhills FL Zip Code 33541

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/25/04

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	P	<input type="checkbox"/> Delete
NAME	MIRA, MICHAEL S	
STREET ADDRESS	5251 3RD STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL 34248	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MIRA, PATRICIA A	
STREET ADDRESS	5251 3RD STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL 34248	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MIRA, JACQUELINE D	
STREET ADDRESS	5251 3RD STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL 34248	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael S. Mira	
STREET ADDRESS	5251 3rd ST	
CITY-ST-ZIP	Zephyrhills FL 33541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacqueline D. Mira	
STREET ADDRESS	5251 3rd ST	
CITY-ST-ZIP	Zephyrhills FL 33541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04 (813) 783 3460  
Date Daytime Phone #

CR2E034 (10/00)