

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90362 044 \*\*\*150.00

**DOCUMENT # P98000058085**

**1. Entity Name**  
**MIRA ENTERPRISES, INC.**



**Principal Place of Business**  
**5251 3RD STREET**  
**ZEPHYRHILLS FL 34248**

**Mailing Address**  
**5251 3RD STREET**  
**ZEPHYRHILLS FL 34248**



**2. Principal Place of Business**

**5553 Braddock Dr**

Suite, Apt. #, etc.

**3. Mailing Address**

**PO BOX 759**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**

**Zephyrhills FL**

**Zip**  
**33541**

**Country**

**PASCO**

**City & State**

**Zephyrhills FL**

**Zip**  
**33539**

**Country**

**PASCO**

**4. FEI Number** **59-3524007**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MIRA, MICHAEL S.**  
**5251 3RD ST.**  
**ZEPHYRHILLS FL 33541**

**7. Name and Address of New Registered Agent**

**Name**

**5553 Braddock Dr**

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

**SIGNATURE**

*[Signature]*

**4/26/03**

**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**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PS** ☐ Delete  
**NAME** **MIRA, MICHAEL S**  
**STREET ADDRESS** **5251 3RD STREET**  
**CITY-ST-ZIP** **ZEPHYRHILLS FL 33541**

**TITLE** **VT** ☐ Delete  
**NAME** **MIRA, JACQUELINE D**  
**STREET ADDRESS** **5251 3RD STREET**  
**CITY-ST-ZIP** **ZEPHYRHILLS FL 33541**

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

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

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

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PS** ☒ Change ☐ Addition  
**NAME** **Mira, Michael S.**  
**STREET ADDRESS** **5553 Braddock Dr**  
**CITY-ST-ZIP** **Zephyrhills FL 33541**

**TITLE** **VT** ☒ Change ☐ Addition  
**NAME** **Mira, Jacqueline D.**  
**STREET ADDRESS** **5553 Braddock Dr**  
**CITY-ST-ZIP** **Zephyrhills FL 33541**

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

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**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:**

*[Signature]*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/26/03**

**Date**

**Daytime Phone #**

CR2E034 (10/02)