

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060180

1. Entity Name

THE MIRANDA GROUP, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90032 040 \*\*\*150.00

Principal Place of Business

1824 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

Mailing Address

C/O FINANZAS. INC  
85 GRAND CANAL DRIVE. STE 305  
MIAMI FL 33144-2569

2. Principal Place of Business

625 SW 1ST AVE

3. Mailing Address

625 SW 1ST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0848595

Applied For

Not Applicable

Zip

33130

Country

U.S.A.

Zip

33130

Country

USA

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

MIRANDA, CARLOS  
1824 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

Name

MIRANDA, CARLOS

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

625 S.W. 1ST AVE

City

MIAMI

FL

Zip Code

33130

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 CARLOS MIRANDA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.6.00

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, 2000 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  
NAME MIRANDA, CARLOS ☒ Delete  
STREET ADDRESS 1824 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE P  
NAME MIRANDA CARLOS ☒ Change ☐ Addition  
STREET ADDRESS 625 SW 1ST AVE  
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: CARLOS MIRANDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.6.00

Date

305-377-3222

Daytime Phone #

CR2E034 (9/99)