

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90065 012 ***158.75

DOCUMENT # P98000060432

1. Entity Name
MIRANDA'S MEDICAL AND DENTAL SUPPLIES CORP.

Principal Place of Business
 2331 N STATE RD 7
 201
 LAUDERHILL FL 33316

Mailing Address
 ONE FINANCIAL PLAZA
 130 PO BOX 3011
 FT LAUDERDALE FL 33394



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2331 N. State Rd 7
 Suite, Apt. #, etc.
201
 City & State
Lauderhill FL 33316
 Zip
33316
 Country
Broward

3. Mailing Address
one Financial Plaza
 Suite, Apt. #, etc.
130 PO Box 3011
 City & State
Fort Lauderdale FL
 Zip
33394
 Country
Broward

4. FEI Number **65-0875031** 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

POWERS, MIRANDA D
400 SW 7TH AVE, SUITE 9
FT LAUDERDALE FL 33312

Name **Powers, Miranda D**
 Street Address (P.O. Box Number is Not Acceptable)
2331 N State Rd 7 Ste 201
 City **Lauderhill** FL Zip Code **33316**

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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PST POWERS, MIRANDA D 400 SW 7TH AVENUE, STE #9 FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Powers, Miranda D 2331 N State Rd 7 Ste 201 Lauderhill, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Date **2/5/01** Daytime Phone # **954486-4394**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)