

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080566

1. Entity Name

MIRANDA BROTHERS ENTERPRISES INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90482 006 \*\*\*150.00

Principal Place of Business

7795 W. FLAGLER ST.  
#50  
MIAMI FL 33144

Mailing Address

7795 W. FLAGLER ST.  
#50  
MIAMI FL 33144-2368

2. Principal Place of Business

3. Mailing Address

1093 N.W. 134th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Miami, Florida

4. FEI Number

65-0991607

~~APPLIED FOR~~

Applied For

Not Applicable

Zip

Country

Zip

Country

33182

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, LUIS R SR.  
1093 N.W. 134TH PLACE  
MIAMI FL 33182

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRANDA, LUIS R SR.		NAME	MIRANDA, José L.	
STREET ADDRESS	1093 N.W. 134TH PLACE		STREET ADDRESS	981 NW 129 Avenue	
CITY-ST-ZIP	MIAMI FL 33182		CITY-ST-ZIP	Miami, FL 33182	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRANDA, OSCAR M SR.		NAME	MIRANDA, Oscar M.	
STREET ADDRESS	10401 S.W. 68TH ST.		STREET ADDRESS	10401 SW 68 Street	
CITY-ST-ZIP	MIAMI FL 33173		CITY-ST-ZIP	Miami, FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRANDA, LUIS R JR.		NAME	MIRANDA, Luis R. Sr.	
STREET ADDRESS	10389 S.W. 88TH ST S-3		STREET ADDRESS	10389 SW 88 Street - S-3	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	Miami, FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRANDA, JOSE L JR.		NAME	MIRANDA, Jose L., Jr.	
STREET ADDRESS	981 N.W. 129TH AVE.		STREET ADDRESS	949 NW 136 Avenue	
CITY-ST-ZIP	MIAMI FL 33182		CITY-ST-ZIP	Miami, FL 33182	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]*

Luis R. Miranda, Secretary

04/11/2000 (305) 447-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Luis R. Miranda

CR2E034 (9/99)