

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096696

1. Entity Name

MIRANDA BROTHERS CORP.

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90123 034 \*\*\*158.75

Principal Place of Business

4240 SW 135 AVENUE  
MIAMI FL 33175  
US

Mailing Address

4240 SW 135 AVENUE  
MIAMI FL 33175  
US

2. Principal Place of Business

9455 NW 109 St.

Suite, Apt. #, etc.

#101

City & State

Medley, FL

Zip

33178

Country

USA

3. Mailing Address

9455 NW St.

Suite, Apt. #, etc.

#101

City & State

Medley, FL

Zip

33178

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0876218

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MIRANDA, JESUS  
11010 S.W. 42 ST.  
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name JESUS Miranda

Street Address (P.O. Box Number is Not Acceptable)  
9455 NW 109 St.

#101

City

Medley

FL

Zip Code

33178

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MIRANDA, JESUS	
STREET ADDRESS	11010 S.W. 42 ST.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	O	<input type="checkbox"/> Delete
NAME	MIRANDA, JORGE L	
STREET ADDRESS	4100 SW 111 AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	O	<input type="checkbox"/> Delete
NAME	MIRANDA, VICTOR	
STREET ADDRESS	4040 SW 115 AVE	
CITY-ST-ZIP	MIAMI FL 33165	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/2001

CR2E034 (10/00)