## 2003 FOR PROFIT CORPORATION

## Mar 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000096696 DOCUMENT # 1. Entity Name 03-28-2003 90100 028 \*\*\*158.75 MIRANDA BROTHERS CORP. Principal Place of Business -Mailing Address 9455 NW 109 ST #101 9455 NW 109 ST #101 MEDLEY FL 33178 MEDLEY FL 33178 US 2. Principal Place of Business 40405W 115 Ave 3. Mailing Address CHECK HERE IF MAKING CHANGES HoweCity & State City & State MIAmi 4. FEI Number Applied For FLORIDA 65-0876218 Floeida Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent MIRANDA , VICTOR MIRANDA, VICTOR Street Address (P.O. Box Number is Not Acceptable) 9455 NW 109 ST #101 MEDLEY FL 33178 4040 SW 115 AUD 8. The above named entity submits this statement for the purpose of changing i red office or registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent. red Agent signature required when reinstating) ==FILE-NOW!!!-FEE-IS \$150.00 9. Election: Campaign Financing \$5.00-May-Be. After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE Delete TITLE MIRANDA, JESUS NAME NAME STREET ADDRESS 11010 S.W. 42 ST. STREET ADDRESS CITY-ST-7IP MIAMI FL 33165 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME MIRANDA, JORGE L NAME STREET ADDRESS 4100 SW 111 AVE STREET ADDRESS CITY-ST-7/P MIAMI FL 33165 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MIRANDA, VICTOR NAME STREET ADDRESS 4040 SW 115 AVE STREET ADDRESS CITY-ST-7IP MIAMI FL 33165 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter legal effect as if made under oath; that I am an officer or director ida 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

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

FILED