

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099602

1. Entity Name

MIRANDA INC. OF TAMPA BAY

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90049 041 \*\*\*150.00

Principal Place of Business

Mailing Address

9025 HICKORY CIRCLE  
TAMPA FL 33615

9025 HICKORY CIRCLE  
TAMPA FL 33615-1440

2. Principal Place of Business

9025 HICKORY CIRCLE

3. Mailing Address

9025 HICKORY CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59 3545080

Applied For

Not Applicable

Zip

33615

Country

Hillsborough

Zip

33615

Country

Hillsborough

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Amerilawyer Spiegel, Utrera i.

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

343 ALMERIA AVENUE

City

CORAL Gables

FL

Zip Code

33134

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

*Paul D. Miranda - Atty at Law*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/00

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	PD	<input type="checkbox"/> Delete
NAME	MIRANDA, PAUL D	
STREET ADDRESS	9025 HICKORY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MIRANDA, DARIO K	
STREET ADDRESS	9025 HICKORY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MIRANDA, JOSE R	
STREET ADDRESS	9025 HICKORY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
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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:

*Paul D. Miranda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 01/14/00  
Date

(813) 918-320  
Daytime Phone #