

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90152 020 \*\*\*150.00

**DOCUMENT # P98000103785**



1. Entity Name  
**MIRAGE PAINTING, INC.**

Principal Place of Business  
**888 BRICKELL KEY DR.  
#2609  
MIAMI FL 33131**

Mailing Address  
**888 BRICKELL KEY DR.  
#2609  
MIAMI FL 33131**

2. Principal Place of Business  
**1410 SW 14 Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**1410 SW 14 Street**  
Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number **65-0882521**

Applied For  
Not Applicable

Zip **33143** Country **USA**

Zip **33145** Country **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**

**GARCIA, RICARDO E  
888 BRICKELL KEY DR.  
#2609  
MIAMI FL 33131**

Name **MANUEL RIVAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1410 SW 14 Street**  
City **MIAMI** FL Zip Code **33145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature typed or printed name of registered agent and title, if applicable.  
**RICARDO E GARCIA**

(NOTE: Registered Agent signature required when reinstating)

DATE **12/31/02**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, RICARDO E 888 BRICKELL KEY DR. MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIVAS, MANUEL 888 BRICKELL KEY DR. MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIVAS, MARINA 888 BRICKELL KEY DR. MIAMI FL 33131	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD (President) Rivas, Manuel 1410 SW 14 Street Miami, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rivas, Marina 1410 SW 14 Street Miami, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIVAS, MARINA 1410 SW 14 STREET MIAMI, FL 33145	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **12/31/02**

Daytime Phone #

CR2E034 (10/02)