

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000009225**

1. Entity Name

Miranda Photography, Inc.



FILED

03 JUN -2 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

612 S.W. 13th Ave.

3. Mailing Address

612 S.W. 13th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL.

City & State

Ft. Lauderdale FL.

Zip

33312

Country

USA

Zip

33312

Country

USA

4. FEI Number

P99000009225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

José R. Miranda

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

612 S.W. 13th Avenue

City

Ft. Lauderdale

FL

Zip Code

33312

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/3

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Owner / President
José R. Miranda
612 S.W. 13th Ave.
Ft. Lauderdale, FL 33312*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*200015748602
04/11/03--01032--003 **150.00*

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IN THIS SPACE**

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 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 #

4/7/3

954 630 9555

CR2E034B (12/02)