

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 04-17-2000 90055 005 \*\*\*150.00

DOCUMENT # **P99 0000 10307**  
 1. Entity Name  
**MIRAMARQ ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**3247 W. COLUMBUS DR. 3247 W. COLUMBUS DR.**  
**TAMPA FL. 33607 TAMPA, FL. 33607**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

Zip Country Zip Country  
 4. FEI Number **59-3561007**  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
 Name **Nicolas Perez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3247 W. Columbus Drive**  
 City **TAMPA** FL Zip Code **33607**

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 **Nicolas Perez** **Nicolas Perez - President** **4/7/2000**  
 Signature, typed or printed name of registered agent and the 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, 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	<b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Nicolas Perez</b>		NAME		
STREET ADDRESS	<b>3247 W. COLUMBUS DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL. 33607</b>		CITY-ST-ZIP		
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MARIA LUI PEREZ</b>		NAME		
STREET ADDRESS	<b>3247 W. COLUMBUS DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL. 33607</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Nicolas Perez** **Nicolas Perez - President** **4/7/2000 (813) 354-8335**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #