

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039061

1. Entity Name

MIRTEK ENGINEERING CORPORATION

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90165 009 \*\*\*150.00

Principal Place of Business

Mailing Address

19025 WEATHERSTONE DR.  
TAMPA FL 33647

19025 WEATHERSTONE DR.  
TAMPA FL 33647-1873

2. Principal Place of Business

3. Mailing Address

1540 GULF BLVD.

Same AS 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1603

City & State

City & State

Clearwater, FL

4. FEI Number

59-3631109

Applied For

Not Applicable

Zip  
33767

Country  
USA

Zip

Country

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

BRITAIN, DAVID R  
101 E. KENNEDY BLVD., STE. 2700  
TAMPA FL 33602

Name

Hesam Mirani

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

1540 GULF BLVD. Suite 1603

City

Clearwater

FL

Zip Code

33767

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* Hesam Mirani, VP 4/27/00

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 ☐ Delete  
NAME D  
STREET ADDRESS MIRANI, LESLIE  
CITY-ST-ZIP 19025 WEATHERSTONE DR.  
TAMPA FL 33647

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Leslie Mirani  
CITY-ST-ZIP 1540 GULF BLVD. Suite 1603  
Clearwater, FL 33767

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HESAM MIRANI 4/27/00 727-595-7423  
VP

Date

Daytime Phone # 7423

CR2E034 (9/99)