

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90250 049 \*\*\*150.00

**DOCUMENT # P99000074287**

1. Entity Name  
**FRANCISCO MIRANDA, M.D. P.A.**

Principal Place of Business

12925 SW 110TH TERRACE  
 MIAMI FL 33186

Mailing Address

P.O. BOX 655209  
 MIAMI FL 33265-5209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11880 SW 40th St.

3. Mailing Address

11880 SW 40th St.

Suite, Apt. #, etc.

SUITE 401

Suite, Apt. #, etc.

SUITE 401

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-3594002

Applied For

Not Applicable

Zip

33175

Country

USA

Zip

33175

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIRANDA, FRANCISCO  
 12925 SW 110TH TERRACE  
 MIAMI FL 33186

7. Name and Address of New Registered Agent

Name MIRANDA FRANCISCO

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

11880 SW 40th St. SUITE 401

City MIAMI

FL

Zip Code

33175

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

Francisco Miranda, MD

1-17-02

Signature, typed or printed name of registered agent and title 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, 2002 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

TITLE PD ☒ Delete  
 NAME MIRANDA, FRANCISCO M.D.  
 STREET ADDRESS 12925 SW 110TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
 NAME MIRANDA FRANCISCO M.D.  
 STREET ADDRESS 11880 SW 40th St. SUITE 401  
 CITY-ST-ZIP MIAMI, FL 33175

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

Francisco Miranda, MD

Date

1-17-02

Daytime Phone #

305

220-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)