

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

1/

01-21-2003 90499 028 ****61.25

DOCUMENT # N97000003755

1. Entity Name

MIRACLE OF LOVE, INC.



Principal Place of Business

**1800 MERCY DRIVE
SUITE 300
ORLANDO FL 32808
US**

Mailing Address

**1800 MERCY DRIVE
SUITE 300
ORLANDO FL 32808
US**

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 **59-3455949**

Applied For

Not Applicable

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

**STAFFORD, LOWELL D
4530 EVERS PLACE
ORLANDO FL 32811**

Name

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

City

FL

Zip Code

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)

1-7-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ED** ☐ Delete
NAME **STAFFORD, LOWELL D**
STREET ADDRESS **4530 EVERS PLACE**
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE **PD** ☐ Delete
NAME **HICKMAN, DWAYNE**
STREET ADDRESS **612 ELLIS AVE**
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE **SD** ☐ Delete
NAME **WILLIAMS, FRANKLIN**
STREET ADDRESS **2444 W CONWAY 20 APT B**
CITY-ST-ZIP **ORLANDO FL 32812**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Board Member** ☐ Change ☒ Addition
NAME **Yunior Nait**
STREET ADDRESS **4490 Ripeland Blvd**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BM** ☐ Change ☒ Addition
NAME **Otha Jones**
STREET ADDRESS **11945 Del Bridged**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BM** ☐ Change ☒ Addition
NAME **Julio Santos**
STREET ADDRESS **2457 Ginger Mill Blvd**
CITY-ST-ZIP **ORLANDO FL 32817**

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 817, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03

Date

Daytime Phone #

CR2E037 (10/02)