

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90080 004 ****62.00

DOCUMENT # N98000004930

1. Entity Name

THE MIRACLE FOUNDATION, INC.

Principal Place of Business

20120 S.W. BEL AIRE DRIVE
 MIAMI FL 33189

Mailing Address

20120 S.W. BEL AIRE DRIVE
 MIAMI FL 33189

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0878640

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

PUELLO-CAPONE, LUCY
 20120 S.W. BEL AIRE DRIVE
 MIAMI FL 33189

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEIN, JUDITH	
STREET ADDRESS	3500 N. 46TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	PUELLO-CAPONE, LUCY	
STREET ADDRESS	20120 S.W. BEL AIRE DRIVE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOHNSON, CONESTE	
STREET ADDRESS	11246 S.W. 166TH STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	RCSD	<input type="checkbox"/> Delete
NAME	HINSON, YVONNE	
STREET ADDRESS	10995 S.W. 179TH STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	CRSD	<input type="checkbox"/> Delete
NAME	JAMES, SHIRLEY	
STREET ADDRESS	14816 S.W. 164TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NICKERSON, BARBARA	
STREET ADDRESS	14201 POLK STREET	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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

7/28/00

Date

Daytime Phone #

CR2E037 (5/00)