

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0152302 AV

DOCUMENT # P01000101363

1. Entity Name
MIRACLES UNISEX SALON & SPA, INC.

04-28-2003 91843 027 ***150.00

Principal Place of Business Mailing Address
7200 PEMBROKE RD #4 **7200 PEMBROKE RD #4**
MIRAMAR FL 33025 **MIRAMAR FL 33025**



2. Principal Place of Business 3. Mailing Address
12022 SW 12th Street **12022 SW 12th St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		4. FEI Number 43-1960792	Applied For <input type="checkbox"/> Not Applicable
Zip 33025	Country USA	Zip 33025	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRANT, INEZITA 7200 PEMBROKE RD #4 MIRAMAR FL 33025			7. Name and Address of New Registered Agent Name Inezita Grant Street Address (P.O. Box Number is Not Acceptable) 12022 SW 12th Street City Pembroke Pines FL Zip Code 33025		
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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: *Inezita Grant* DATE: 4/24/03
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		President Inezita Grant 12022 SW 12th Street Pembroke Pines, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Inezita S. Grant* **Inezita S. Grant** 4/24/03 (754) 244-2178
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)