## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9700003755  1. Entity Name				;	FILED		
MIRACLE OF LOVE, INC.				,	00 NOV -7 PM 3: 28		
Principal Plac	ce of Business	Mailing Address			censetaby (	NE STATE	
4530 EVERS PLACE 4530 EVERS PLACE		4530 EVERS PLACE		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
ORLANDO FL	32811	ORLANDO FL 32811		ļ		•	
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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE	
City & State		City & State		4. FEI Numbe	59-3455949		plied For
Zip	Country	Zip .	Country	5 Cartificate	of Status Desired	\$8.75 Add	t Applicable fitional
	6. Name and Address of Curren	t Begistered Agent			Address of New Register	Fee Required	d
	o. Name and Address of Curren	t negistered Agent	Name	7. Name and	Address of New Negister	rea Agent	
CTACEOD	D LOWELL D	•	Street A	ddress (P.O. Box Numbe	r is Not Acceptable)		
STAFFORD, LOWELL D 4530 EVERS PLACE							
	O FL 32811		-			Al <del>e</del> - out	
		•	City	enasce at	CREENT N	FL Zip-Code	
8. The above	named entity submits this statement t	for the purpose of changing its re	egistered office gr	registered egent of not	the state of Florida		90
-	11/1/					1 1	
SIGNATURE.	Jul 41/1					[3/00]	l
/	algnature, typed of printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signat	ure required when reinstating)	) / DA	ATE/	
5, -		· satisfication of the control of th				ے کی معند دیدے مار داران معند دیدے	ينسب د يوجه
r.	FILE NOW: FEE IS \$61.25 ember 13, 2000 min, will be \$	9. Election Camp Trust Fund Cor	· -	\$5.00 May Be Added to Fees		ck Payable to	
After Sept	tember 13, 2000 min. will be \$	236.25 Trust Fund Cor	· -	Added to Fees	Departm	ent of State	
After Sept	ember 13, 2000 min. will be \$ OFFICERS AND D	236.25 Trust Fund Cor	11.	Added to Fees  ADDITIONS/CHA		ent of State	10
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SIGNATURE (NO TYPEO OR PRINTED NAME OF SKINDED OFFICER OPPOIRECTOR

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