

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006134

1. Entity Name  
A D MIRACLE, INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90196 034 \*\*\*150.00

Principal Place of Business  
782 NORTHWEST LEJEUNE ROAD  
SUITE 637  
MIAMI FL 33126

Mailing Address  
782 NORTHWEST LEJEUNE ROAD  
SUITE 637  
MIAMI FL 33126

2. Principal Place of Business  
10520 NW 26<sup>TH</sup> STREET  
Suite, Apt. #, etc.  
SUITE C-201

3. Mailing Address  
10520 NW 26<sup>TH</sup> STREET  
Suite, Apt. #, etc.  
SUITE C-201

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33172

Zip  
33172



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0806316

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

## 7. Name and Address of New Registered Agent

Name JOSEPH E. CABANAS  
Street Address (P.O. Box Number is Not Acceptable)  
10520 NW 26<sup>TH</sup> STREET  
SUITE C-201  
City MIAMI FL Zip Code 33172

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.

JOSEPH E. CABANAS

4/27/01

(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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CZAMANSKI, LEON 782 NORTHWEST LEJEUNE ROAD MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESSBERG, ESTHER 782 NORTHWEST LEJEUNE ROAD MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CZAMANSKI, ELEONORA 782 NORTHWEST LEJEUNE ROAD MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10520 NW 26 <sup>TH</sup> STREET - SUITE C-201 MIAMI FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10520 NW 26 <sup>TH</sup> STREET - SUITE C-201 MIAMI FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10520 NW 26 <sup>TH</sup> STREET - SUITE C-201 MIAMI FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH E. CABANAS  
ACCOUNTANT

4/27/01

Date

(305) 513-3639

Daytime Phone #

CR2E034 (10/00)