

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90002 028 \*\*\*150.00

DOCUMENT # **P99000049980**

1. Entity Name

**FLORIDA RESTORATION, INC.**

Principal Place of Business

Mailing Address

**206 WEDGEWOOD CIRCLE  
 GREEN ACRES, FL 33463**

2. Principal Place of Business

**206 WEDGEWOOD CIRCLE**

Suite, Apt. #, etc.

3. Mailing Address

**206 WEDGEWOOD CIRCLE**

Suite, Apt. #, etc.

City & State

**GREEN ACRES, FL**

City & State

**GREEN ACRES, FL**

4. FEI Number

**65-0931714**

Applied For

☐ Not Applicable

Zip

**33463**

Country

**U.S.A.**

Zip

**33463**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERA AVENUE  
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

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

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 **PSD** ☐ Delete  
 NAME **MIRABELLA, ADRIAN**  
 STREET ADDRESS **206 WEDGEWOOD CIRCLE**  
 CITY-ST-ZIP **GREEN ACRES, FL 33463**

TITLE **VTD** ☐ Delete  
 NAME **MIRABELLA, CATHERINE**  
 STREET ADDRESS **206 WEDGEWOOD CIRCLE**  
 CITY-ST-ZIP **GREEN ACRES, FL 33463**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

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:

**ADRIAN MIRABELLA**

**ADRIAN MIRABELLA**

Date

**4/10/01**

Daytime Phone #

**521-963-8778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

VICTOR LERRO & COMPANY, CPA, PA  
*A Professional Association*

attachment  
D#P990004980  
B0043305

August 24, 2001

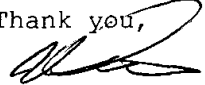
RE: Florida Restoration, Inc.  
P99000049980

Dear Department of State:

On behalf of my client, Florida Restoration, Inc., we hereby submit a copy of the Uniform Report for 2001. This report was mail by the entity on or about April 1, 2001 and apparently was lost in the mail.

We ask you to please accept this filing as timely given that there is no neglect by the corporation.

Thank you,

  
Victor Lerro, CPA

Cc: Florida Restoration, Inc.