

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90052 029 ***150.00

DOCUMENT # P99000049980

1. Entity Name

FLORIDA RESTORATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

206 WEDGEWOOD CIR

Suite, Apt. #, etc.

3. Mailing Address

206 WEDGEWOOD CIR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GREEN ACRES FL

Zip

33463

Country

U.S.

City & State

GREEN ACRES FL

Zip

33463

Country

U.S.

4. FEI Number

65-0931714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA

Street Address (P.O. Box Number is Not Acceptable)

343 ALMONIA AVE

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME	MIRABELLA, ADRIAN O
STREET ADDRESS	206 WEDGEWOOD CIR
CITY - ST - ZIP	GREEN ACRES, FL 33463
TITLE	VTD
NAME	MIRABELLA, CATHERINE
STREET ADDRESS	206 WEDGEWOOD CIR
CITY - ST - ZIP	GREEN ACRES, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIAN MIRABELLA Pres

Date

4/12/02

Daytime Phone #

561-963-8778