

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 426281

1. Entity Name
MIRABILE REALTY INC

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90330 030 ***150.00

Principal Place of Business
4081 NORTH FEDERAL HIGHWAY
SUITE 240, P.O. BOX 50001
LIGHTHOUSE POINT FL 33074

Mailing Address
4081 NORTH FEDERAL HIGHWAY
SUITE 240, P.O. BOX 50001
LIGHTHOUSE POINT FL 33074

00018921



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
#240

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Lighthouse Point, FL

FEI Number 59-1509809

Applied For
Not Applicable

Zip
33064

Country
USA

Zip
33074

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARABILE, DOMENIC SR.
2601 NE 52 CT
LIGHTHOUSE POINT, FL
POMPANO BEACH FL 33064

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
MIRABILE, DOMENIC SR.
2601 NE 52 CT
LIGHTHOUSE POINT FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.D.
Domenic L. Mirabile Jr.
4081 N Fed Hwy, #240
Pompano Bch, FL 33064 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MIRABILE, SYLVIA
2601 NE 52 CT
LIGHTHOUSE POINT FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MIRABILE, ANN M.
2601 NE 52 CT
LIGHTHOUSE POINT FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MIRABILE, DOMENIC SR.
2601 NE 52 CT
LIGHTHOUSE POINT FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Date

Daytime Phone #

CR2E034 (10/00)