

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90023 001 \*\*\*150.00

DOCUMENT # **F55232**

1. Entity Name  
**MIRAGO COMPANIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 190 WOODLANDS RD P O BOX 20156 W PALM BCH FL 33416	Mailing Address 190 WOODLANDS RD P O BOX 20156 W PALM BCH FL 33416-0156
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2139899</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**JOHNSON, JOSEPH R**  
**1801 AUSTRALIAN AVE. SOUTH**  
**SUITE 200**  
**W PALM BEACH FL 33409**

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 \_\_\_\_\_ (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, 2000 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	<b>DS</b> <b>MICHUDA, CYNTHIA A.</b> <del>2289 SARATOGA LANE</del> <del>WEST PALM BEACH FL 33409</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>MICHUDA, CYNTHIA A.</b> <b>8492 SE BRISTOL WAY</b> <b>JUPITER FL 33409</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>MICHUDA, MICHAEL A.</b> <del>2289 SARATOGA LN</del> <del>W PALM BCH FL 33409</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>MICHUDA, MICHAEL A.</b> <b>8492 SE BRISTOL WAY</b> <b>JUPITER FL 33409</b>
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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 REQUIRED **MICHAEL MICHUDA** 4/28/00 (561)457-6774

CR2E034 (9/99)