

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91376 001 ***300.00

DOCUMENT # F59547

1. Entity Name
MIRAGE TECHNOLOGIES INTERNATIONAL, INC.

| | |
|---|---|
| Principal Place of Business % TOM FALONE, III 300 S. DUNCAN AVE., STE. 287 CLEARWATER FL 33755-6457 | Mailing Address % TOM FALONE, III 300 S. DUNCAN AVE., STE. 287 CLEARWATER FL 33755-6457 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-2162563 | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | | | | | | | |
|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| FALONE, TOM III 300 S. DUNCAN AVE. STE. 287 CLEARWATER FL 33755-6457 | | | 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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|----------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FALONE, TOM III | | NAME | | |
| STREET ADDRESS | 1200 HERMITAGE AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 33764 | | 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: *Tom Falone* _____ Date *7-27-02* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)