

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H34357

1. Entity Name

MIRACLE RIBS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90226 033 ***150.00

Principal Place of Business

Mailing Address

1807 AVENUE D
525 NORTH 11TH STREET
FORT PIERCE FL 34950
US

P.O. BOX 1057
525 NORTH 11TH STREET
FORT PIERCE FL 34954-1057
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Delete 525 North 11th Street

1807 Avenue D

City & State

City & State

4. FEI Number **59-2593545**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MACKAY, HARRY L.
525 NORTH 11TH STREET
FT. PIERCE FL 33450

Name

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

2400 N. 47th Street

City

FL

Zip Code

34946

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, 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 **D** ☐ Delete

NAME **MACKAY, HARRY L.**
STREET ADDRESS **525 NORTH 11TH STREET**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **DS** ☐ Delete

NAME **MACKAY, RUBY LEE**
STREET ADDRESS **525 NORTH 11TH STREET**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

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STREET ADDRESS ☐ Change ☐ Addition

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:

Ruby Lee Mackey / Ruby Lee Mackey

04-27-00

561-466-5887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)