

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00863

1. Entity Name

MIRACLE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

P O BOX 2668  
FT. MYERS FL 33902

Mailing Address

P O BOX 2668  
FT. MYERS FL 33902

2. Principal Place of Business

3270-7 Fowler St

3. Mailing Address

3258 Fowler St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Fort Myers FL

4. FEI Number

59-2379713

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33901

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARBONELL, MARIO  
3270 FOWLER ST #7  
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name JOSEPH ALIBRO

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

3258 FOWLER ST

City FORT MYERS

FL

Zip Code 33901

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

*Joseph Alibro*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/16/01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE VST  
NAME CARBONELL, MARIO  
STREET ADDRESS 2560 MORENO AVE  
CITY-ST-ZIP FT MYERS FL ☒ Delete

TITLE D  
NAME CARBONELL, TERRY L  
STREET ADDRESS 2560 MORENO AVE  
CITY-ST-ZIP FT. MYERS FL ☒ Delete

TITLE D  
NAME BEN BOZARTH  
STREET ADDRESS 3270 FOWLER ST., #1  
CITY-ST-ZIP FORT MYERS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME JOSEPH ALIBRO  
STREET ADDRESS 3258 FOWLER ST  
CITY-ST-ZIP Fort Myers FL 33901 PSD ☐ Change ☒ Addition

TITLE  
NAME JOHN CIOFFI  
STREET ADDRESS 3258 FOWLER ST  
CITY-ST-ZIP Fort Myers FL 33901 VTD ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS 400004617024--3  
CITY-ST-ZIP -10/01/01--01014--017 ☐ Change ☐ Addition

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Joseph Alibro* Pres

7/16/01

941-936-8778

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)