

UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90008 038 ****61.25
 05-26-2000 90125 048 ***150.00

DOCUMENT # N99000001325

1. Entity Name

MIRACLES BY THE BAY, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

7777 NE BAYSHORE CT

1402 KENNEDY CSWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #104

PMB 210

City & State

City & State

MIAMI FL

NORTH BAY VILLAGE, FL

Zip

Zip

33138

Country

33141

Country

4. FEI Number

65-0400565

Applied For

Not Applicable

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

WILLIE MERLINO

Name

7777 NE BAYSHORE CT SUITE 104

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

MIAMI, FL, 33138

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, 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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D/P						
	WILLIE MERLINO	7777 NE BAYSHORE CT SUITE 104	MIAMI, FL 33138				
	CHARLES SIOLEY	1295 BRICKELL AVE SUITE D-207	MIAMI, FL 33129				
	CAROLINE COLLINS	7777 NE BAYSHORE CT #102	MIAMI, FL 33138				

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

WILLIE MERLINO

4-25-2000

Date

305-788-9035

Daytime Phone #