

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 25 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001325

1. Entity Name

MIRACLES BY THE BAY, INC.



Principal Place of Business

7777 NE BAYSHORE COURT
#104
MIAMI FL 33138
US

Mailing Address

1402 KENNEDY CAUSEWAY
PMB 210
NORTH BAY VILLAGE FL 33141
US

2. Principal Place of Business

1970 CANTERBURY CIRCLE P.O. BOX 212254

3. Mailing Address

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

ROYAL PALM BEACH, FL

4. FEI Number 65-0900565

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

MERLINO, WILLIE

7777 NE BAYSHORE COURT
#104
MIAMI FL 33138

Name

WILLIE MERLINO

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

1970 CANTERBURY CIRCLE

City

WELLINGTON

FL

Zip Code 33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Merlino

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MERLINO, WILLIE	
STREET ADDRESS	7777 NE BAYSHORE CT STE 104	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAMAR, ELISA	
STREET ADDRESS	6831 S.W. 48 TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	T	<input type="checkbox"/> Delete
NAME	FELIPE, AMILDA	
STREET ADDRESS	505 N.E. 30 ST. APT. 604	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	T	<input type="checkbox"/> Delete
NAME	SALERNO, ROLAND JR.	
STREET ADDRESS	981 S.E. 20TH STREET, A-45, BOX 9	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, JERRY	
STREET ADDRESS	7900 INVERTON ROAD, APT. 203	
CITY-ST-ZIP	ANNANDALE VA 22003	
TITLE	T	<input type="checkbox"/> Delete
NAME	FELIPE, HELIER	
STREET ADDRESS	471 W. 30TH PLACE	
CITY-ST-ZIP	HALEAH FL 33012	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

4-25-03

SEI-333-6634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)