

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90642 022 ***150.00

DOCUMENT # **P00000060896**

1. Entry Name:

MIRACLE AUTO SALES INC. ✓

Principal Place of Business

Mailing Address

**1905 13TH ST.
 ST. CLOUD, FL. 34769**

**1905 13TH ST.
 ST. CLOUD, FL. 34769**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3651409

Applied for

Not Applicable

5. Certificate of Status Required ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when terminating)

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 1-2001 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 (If any)

TITLE ☐ Delete

NAME **HECTOR A. MARIN**

STREET ADDRESS **1905 13TH ST**

CITY-STATE-ZIP **ST. CLOUD, FL 34769**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

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TITLE ☐ Change ☐ Add/Remove

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

[Signature]

HECTOR A. MARIN

04/30/01

407-957-7785