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Jul 02, 2002 8:00 am
Secretary of State

05-21-2002 90888 013 ***150.00

...RIDA BUSINESS REPORT (UBR)

DOCUMENT # P00000060896

MIRACLE AUTO SALES INC.

Principal Place of Business	Mailing Address
1905 13TH ST. ST. CLOUD, FL. 34769	1905 13TH ST. ST. CLOUD, FL. 34769

3. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3651409

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
HECTOR A. MARIN 1905 13TH ST. ST. CLOUD, FL 34769	Name Street Address (P.O. Box Unacceptable) 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: _____ DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See reverse or 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
D HECTOR A. MARIN 1905 13TH ST ST. CLOUD, FL 34769 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
D ☐ Delete	TITLE PRESIDENT NAME EDWIN VELEZ STREET ADDRESS P.O. BOX 382 CITY-ST-ZIP COLUMBUS, GA 31902 ☐ Change ☒ Add
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add

*3. 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: HECTOR A. MARIN 04/30/01 407-957-7787