

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90886 023 \*\*\*150.00

DOCUMENT # P01000029127 ✓

1. Entity Name

Miracle Entertainment Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10960 SW 75 terr

Suite, Apt. #, etc.

3. Mailing Address

10960 SW 75 tr

Suite, Apt. #, etc.

City & State

miami, FL

City & State

miami FL

Zip

33173

Country

USA

Zip

33173

Country

USA

4. FEI Number

65-1090453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jose Ortiz

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

1621 collins Ave #207

City

miami Beach

**FL**

Zip Code

33139

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

Jose Ortiz

4/28/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. President OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Jose Ortiz  
1621 collins Ave #207  
miami Beach, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Ortiz

4/28/02

Date

305.301.5600

Daytime Phone #

CR2E034B (12/01)