2002 UNIFORM BUSINESS REPORT (UBR)

Jul 15, 2002 8:00 am **Secrétary of State** DOCUMENT # P01000061234 1. Entity Name 07-15-2002 90191 008 ***150.00 MIRA PINES GROUP, INC. Principal Place of Business Mailing Address 9470 WEST FERN LANE 9470 WEST FERN LANE MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Nymber Applied For <u>65-</u>1117877 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 27- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, CYRIL Street Address (P.O. Box Number is Not Acceptable) 9470 WEST FERN LANE MIRAMAR FL 33025 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition NAME HAYNES, CORDWELL NAME STREET ADDRESS 9900 SW 12TH STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33025 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition HARRISON, CYRIL NAME NAME STREET ADDRESS 9470 WEST FERN LANE STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition SADLER, ERROL NAME NAME STREET ADDRESS 8601 CLARIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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

SIGNATURE:

changed, or on an attachm

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FILED

July 4, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

TO WHOM IT MAY CONCERN

RE: Document #P01000061234

Dear Sir/Madam,

I am requesting that the late fee amount of \$400.00 assessed against this Corporation for not filing on time be waived, as this is the first and only filing Document that has been received.

The Corporation had a change of address in December of 2001 from a P.O. Box to the present address 9470 W. Fern Lane, Miramar, Fl 33025 and has been receiving all of it's mail since then. If a notification was sent out prior to this 60 days notice, I believe that it would have been received also. I called about this on 7/3/02, and was told to write this letter, and to enclose the original amount of \$150.00.

Thanks for your cooperation.

Very truly yours,

Cyril Harrison

For Mira Pines Group, Inc.

9470 W.Fern Lane

Miramar, Fl 33025