

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90098 028 ***150.00

005651
AV

DOCUMENT # P02000121764

1. Entity Name

MIRACLE INVESTMENTS COMPANY



Principal Place of Business
285 NW 199 ST STE 201
MIAMI FL 33169

Mailing Address
285 NW 199 ST STE 201
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

P.O. BOX 277656

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar FL

4. FEI Number

16-1640255

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33027

FL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, SHERRON
3541 SW 144 AVE
MIRAMAR FL 33027

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

SIGNATURE: Sherron Parrish (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
Officer:
Carl Parrish Sr.
STREET ADDRESS
3541 S.W. 144 AVE
CITY-ST-ZIP
MIRAMAR FL 33027

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.5.03

Date

954.447.7814

Daytime Phone #

CR2E034 (4/03)

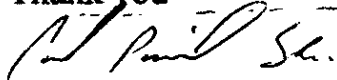
Attachment

80147371
#P026000121264

To whom it may concern:

We did not receive the prior notice to reinstate the uniform business report.
Please admit this letter along with the reinstatement fee.

Thank you



Carl Parrish Sr
Ceo, Miracle Investments Company