## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 07, 2000 8:00 an DOCUMENT # P93000034057 **Secretary of State** 1. Entity Name 02-07-2000 90053 032 \*\*\*150.00 LA MIRAGE, INC. Mailing Address Principal Place of Business 16682 COLLINS AVENUE 16682 COLLINS AVENUE SUITE 4G SUITE 4G NORTH MIAMI BEACH FL 33160-4232 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address 1 (25)(35) (50 30)(30 Hill 30)(1 00(1) 00(1) 00(10 10(1) Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0413536 Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KATSMAN, MARK Street Address (P.O. Box Number is Not Acceptable) 9350 SOUTH DIXIE HIGHWAY SUITE PH2 MIAMI FL 33156 Zip Code City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \_9. This corporation is eligible to satisfy its Intangible.\_ \$5.00 · 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN i OFFICERS AND DIRECTORS 11. 12. VPTD VPTD Change TITLE TITLE ☐ Delete Nosikovsky, David NOSIKOVSKY, DAVID NAME NAME 17555 COLLINS AVENUE # 1108 STREET ADDRESS STREET ADDRESS 16546 N.E. 26TH AVENUE, SUITE 4G CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete TITLE TITLE Metelskaya, Tatiana NAME METELSKAYA, TATIANA NAME Collins Avenue # 1503 STREET ADDRESS STREET ADDRESS 17021 NORTH BAY ROAD CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 Delete -- -- ~ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

DAUNO! WOSTAGESTIRED

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