

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000058037**

1. Entity Name

MIRRAPH, INC.

Principal Place of Business

7378 W. ATLANTIC BLVD.
MARGATE FL 33063
US

Mailing Address

7378 W. ATLANTIC BLVD.
MARGATE FL 33063-4214
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JERUSALMI, RAPHAEL
1800 NORTHWEST 105 LANE
CORAL SPRINGS FL 33071

4. FEI Number

65-0442607

Applied For

Not Applied

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JERUSALMI, RAPHAEL**
STREET ADDRESS **1800 NORTHWEST 105 LANE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**TITLE **D** ☐ Delete
NAME **JERUSALMI, MIRIAM**
STREET ADDRESS **1800 NORTHWEST 105 LANE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

RAPHAEL JERUSALMI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-9709771**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90046 010 ***150.00



DO NOT WRITE IN THIS SPACE