

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025070

1. Entity Name

MIRAGE HOLDINGS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90087 049 ***150.00

Principal Place of Business

C/O NICOLE FERNANDEZ, P.A.
 780 NW LEJEUNE RD. SUITE 324
 MIAMI FL 33126
 US

Mailing Address

C/O NICOLE FERNANDEZ, P.A.
 780 NW LEJEUNE RD. SUITE 324
 MIAMI FL 33126
 US

C0033902



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0746003

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
 782 NW LE JEUNE RD
 #324
 MIAMI FL 33126

Name

Esquire Corporate Services, Inc.

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

780 NW LeJeune Road
 Suite 324

City

Miami

FL

Zip Code

33126

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 State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DUMONT, CHARLES J
 CITY-ST-ZIP P.O. BOX 1409-OLD PARHAM ROAD
 ST. JOHN'S, ANTIGUA ANTILLES

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DUMONT, GEORGETTE
 CITY-ST-ZIP P.O. BOX 1409-OLD PARHAM ROAD
 ST. JOHN'S, ANTIGUA ANTILLES

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES DUMONT

FEB. 28 - 2000

Date

(305) 868 0011

Daytime Phone #

CR2E034 (9/99)