# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #**  P95000025070

**1.** Entity Name

**MIRAGE HOLDINGS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O NICOLE FERNANADEZ. P.A.<br>780 NW LEJEUNE RD. SUITE 324<br>MIAMI FL 33126<br>US | C/O NICOLE FERNANADEZ. P.A.<br>780 NW LEJEUNE RD. SUITE 324<br>MIAMI FL 33126<br>US |
| **2.** Principal Place of Business | **3.** Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

**4.** FEI Number  **65-0746003**  — Applied For / Not Applicable

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

**6.** Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
780 NW LE JEUNE RD
STE 324
MIAMI FL 33126

**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 _____     DATE 3-11-2002

Signature, typed or printed name of registered agent and title if applicable     (NOTE: Registered Agent signature required when reinstating)

**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, 2002 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

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

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

**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | DPS | ☐ Change | ☒ Addition |
|---|---|---|---|
| NAME | Dumont, Georgette | | |
| STREET ADDRESS | 8925 Collins Avenue, #12-E | | |
| CITY-ST-ZIP | Surfside, Florida 33154 | | |

**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     Date     Daytime Phone #

CR2E034 (9/01)

# NICOLAS FERNANDEZ, P.A.

343630

### ATTORNEYS AT LAW
### 780 NORTHWEST LE JEUNE ROAD
### SUITE 324 • LE JEUNE CENTRE
### MIAMI, FLORIDA 33126

NICOLAS FERNANDEZ
JACK GECKLER

TELEPHONE (305) 461-0404
TELECOPIER (305) 461-0410
E-MAIL NFerPA@cs.com

OF COUNSEL

PAMELA J. REYNOLDS, P.A.
MICHAEL ORTIZ, P.A.

March 11, 2002

*Via U.S. Mail*

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
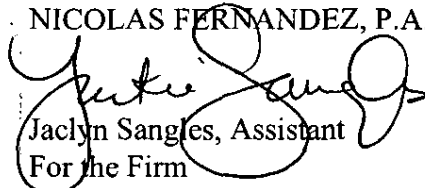Tallahassee, Florida 32302-1500

### RE: *MIRAGE HOLDINGS, INC.*

Dear Sir or Madam:

Enclosed herewith please find the 2002 Uniform Business Report for the above referenced corporation together with Postal Money Order with Serial # 03825382588 made payable to the Department of State in the amount of $150.00 representing your fees. Of course, if you should have any questions or comments, please do not hesitate to contact this office. Thank you._____ __

Very truly yours,

NICOLAS FERNANDEZ, P.A.

Jaclyn Sangles, Assistant
For the Firm

Enclosures