

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90054 046 \*\*\*150.00

**DOCUMENT # P96000043003**

1. Entity Name

**GBS MIRACLE, INC.**

Principal Place of Business

1037-B N.W. THRID STREET  
 HALLANDALE FL 33009

Mailing Address

1037-B N.W. THRID STREET  
 HALLANDALE FL 33009

2. Principal Place of Business

**352 Andalusia**

Suite, Apt. #, etc.

3. Mailing Address

**117 N.W. 9th Terrace**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Coral Gables, Florida**

Zip  
**33334**

Country  
**USA**

City & State  
**Hallandale, Florida**

Zip  
**33009**

Country  
**USA**

4. FEI Number  
**65-0688269**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GOUDISS, MORTON R ESO**  
**1111 LINCOLN ROAD #325**  
**MIAMI BEACH FL 33139**

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 State**

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P</b>	<b>BERN, KENNETH</b>	<b>1037-B NW 3RD ST</b>	<b>HALLANDALE FL 33009</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>P</b>	<b>BERN, KENNETH</b>	<b>117 N.W. 9th Terrace</b>	<b>Hallandale, Florida 33009</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>VP</b>	<b>BERN, MARLA</b>	<b>117 N.W. 9th Terrace</b>	<b>Hallandale, Florida 33009</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 signatures empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **2/10/00** **(954)456 2988**

Date

Daytime Phone #

CRZE034 (9/99)