## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P97000017848 1. Entity Name

MIRACLE WORKERS ENTERPRISE, INC.

## **FILED** May 05, 2002 8:00 am Secretary of State 05-05-2002 90311 046 \*\*\*150.00

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724 11511	Place of Business  H AVE. N SUITE 2204  RSBURG FL 33716	Mailing Address 724 115TH AVE. N., SUITE	 <u>2204</u>	_			
31 FEIER	NOBURG FL 33716	ST PETERSBURG FL 33710	6				
415	Meadow Awn Dr N Apt. #, etc.	3. Mailing Address 915 Mead	owan Dell				
A City & S	State 1 C	Suite Apt. #, etc.		DO NOT WRITE	IN THIS SPACE	E	
51. Zip	Petersburg FL 1702 Country USA	21. Petershur	Country	4. FEI Number 59-3429343		Applied For Not Applicab	
	6. Name and Address of Current F	33702	<u> HŽH</u>	5. Certificate of Status Desired	- Fee R	5 Additional equired	
		vg.stored Agent	Name	7. Name and Address of New Reg	istered Agent		
	MICHELE				-		
ST PETI	5TH AVE. N., SUITE 2204 ERSBURG FL 33716		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
			City		<b>—.</b> 1 ÷		
8. The above	ve named entity submits this statement for t	ne purpose of changing its rec	Distance office or register		FL Zip	Code	
SIGNATURE			grotored office of register	red agent, or both, in the State of Florida	<b>a</b> .		
	Signature, typed or printed name of registered agent and	title if applicable (NOTE D					
		(NOTE: He	rgistered Agent signature required	when reinstating)	21.00		
9. This corp	poration is eligible to satisfy its lotongible	FILE NOW!!!	gistered Agent signature required	d when reinstating)	DATE		
rax illing		FILE NOW!!!   After May 1, 2002	FEE IS \$150.00	10. Election Campaign Financi	ing _ <b>\$</b>	5.00 May Be	
rax illing	poration is eligible to satisfy its Intangible requirement and elects to do so.  Peria on back)	FILE NOW!!!   After May 1, 2002 Make Check Payable t	FEE IS \$150.00 Fee will be \$550.00 to Department of Stat	10. Election Campaign Financi     Trust Fund Contribution.	ing \$	5.00 May Be dded to Fees	
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Thereby certify that the information supplied with this ming does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: \_

4-19-02 727-526-6881