

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027083

1. Entity Name

MIRACLE MORTGAGE CORPORATION

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90123 047 ***158.75

Principal Place of Business

Mailing Address

760 U. S. ONE
STE 306
NORTH PALM BEACH FL 33408
US

760 U. S. ONE
STE 306
NORTH PALM BEACH FL 33408
US

00000004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5606 PGA Blvd

5606 PGA Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#211

#211

City & State

City & State

Palm Beach Gardens

Palm Beach Gardens

Zip 33418

Zip 33418

4. FEI Number 65-0737577

Applied For

Not Applicable

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

COVERT, STEPHEN
760 U.S. HIGHWAY ONE
STE 306
NORTH PALM BEACH FL 33408

Name

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

5606 PGA Blvd

Suite 211

City

Palm Beach Gardens

FL

Zip Code

33418

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST COVERT, STEPHEN 760 U. S. ONE #306 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5606 PGA Blvd #211 Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

3-13-00 (56)(624-2000)

CR2E034 (9/99)