

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107624

1. Entity Name

MIRACLE CONSULTING GROUP, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90014 016 \*\*\*150.00

Principal Place of Business

Mailing Address

2255 GLADES ROAD  
SUITE 324, ATRIUM  
BOCA RATON FL 33431

2255 GLADES ROAD  
SUITE 324, ATRIUM  
BOCA RATON FL 33431-7382

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0910740 APPLIED FOR

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

GERMAN, MARIO D  
2101 W COMMERCIAL BLVD.  
SUITE 3300  
FORT LAUDERDALE FL 33309

Name

ENRIQUE NOVELLA

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

19669 ESTUARY DRIVE

City

BOCA RATON

FL

Zip Code

33498

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

*Enrique Novella*

ENRIQUE NOVELLA - OPERATIONS MGR.

3/8/00

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 P ☒ Delete  
NAME GERMAN, MARIO D  
STREET ADDRESS 120 E SAMPLE RD STE 320  
CITY-ST-ZIP POMPAÑO BEACH FL 33064

TITLE M ☐ Change ☒ Addition  
NAME ENRIQUE NOVELLA  
STREET ADDRESS 19669 ESTUARY DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Enrique Novella*

ENRIQUE NOVELLA

3/8/00

561-483-1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)