

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

0179185 AV

DOCUMENT # P99000006849

1. Entity Name
HOUSE O' MIRACLES, INC.



05-14-2003 90142 032 ***150.00

Principal Place of Business
909 VIRGINIA ST
#1
KEY WEST FL 33040

Mailing Address
1824 FLAGLER AVE
KEY WEST FL 33040



2. Principal Place of Business
1125 Washington St.

3. Mailing Address
3010 Flagler Ave

Suite, Apt. #, etc.
Apt 3

Suite, Apt. #, etc.
3

City & State
Key West FL

City & State
Key West FL

Zip
33040

Country
USA

Zip
33040

Country
USA

4. FEI Number 65-0911430

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WASSERMAN, YARON
C/O W.A. FREIDLANDER & ASSOC., P.A.
1824 FLAGLER AVE
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name Wasserman, Yaron
Street Address (P.O. Box Number is Not Acceptable)
C/O Alan Eckstein
3010 Flagler Ave.
City Key West FL Zip Code 33040

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P WASSERMAN, YARON ☐ Delete
STREET ADDRESS 909 VIRGINIA ST #1
CITY-ST-ZIP KEY WEST FL 33040

TITLE NAME P. Wasserman, Yaron ☒ Change ☐ Addition
STREET ADDRESS 1125 Washington St. Apt 3
CITY-ST-ZIP Key West, FL 33040

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

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

May 1.03 305-304-9090
Date Daytime Phone #

CR2E034 (10/02)