2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am DOCUMENT # P99000006988 Secretary of State MIRAKEL TRADING CORPORATION 05-10-2001 90042 050 ***150.00 Principal Place of Business Mailing Address 4700 S.W. 142ND COURT -13214 SW 74 ST MIAMILFL 33175-MIAMI EL 33183 2. Principal Place of Business 3. Mailing Address 10393 N. 10393 N. <u>Kendall Dr</u> <u>Kendall Dr</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 61-3702324 Not Applicable Miami Miami Zip Country \$8.75 Additional 5. Certificate of Status Desired - MIami-Dade Fee Required Miami-Dade 6. Name and Address of Current Registered Agent _TEMOCHE_NELLY-J-Carlos Macedo . Box Number is Not Acceptable) Miller Drive -4790-S-W-142ND COURT -MAMI £ | 33175 City Zip Code Miami 33165 8. The above named entity/submits this stateme or the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Change TITLE TITLE ☐ Delete TEMOCHE, NELLY J NAME NAME STREET ADDRESS 10393 N. Kendall Dr. U-3STREET ADDRESS 4700-S.W.-142ND-COURT-CITY-ST-ZIP Miami FL. 33165 CITY-ST-ZIP MAMI FE 33175 ☐ Addition Change ☐ Delete TITLE TITLE TEMOCHE, FERNANDO M NAME NAME STREET ADDRESS 4700-S.W.=142ND-COURT STREET ADDRESS 10393 N. Kendall Dr. # U-3 CITY-ST-7IP CITY-ST-ZIP MIAMI-FL 33175-Miami FL 33176 ☐ Change Addition 🔲 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR