

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025024

1. Entity Name

MIRABELLE, INC.

Principal Place of Business

1415 TIMBERLANE RD. SUITE 217
TALLAHASSEE FL 32312

Mailing Address

1415 TIMBERLANE RD. SUITE 217
TALLAHASSEE FL 32312-1730

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3567870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARKET SQUARE, INC.
C/O WILLIAM D. CRONA
1415 TIMBERLANE RD, SUITE 217
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	D	☐ Delete
NAME	CRONA, WILLIAM D	
STREET ADDRESS	1415 TIMBERLANE RD, SUITE 217	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	☐ Delete
NAME	UGHETTO, ALBERT	
STREET ADDRESS	6901 BUCK LAKE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	☒ Delete
NAME	JOHANSEN, PREBEN	
STREET ADDRESS	1415 TIMBERLANE RD, SUITE 217	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

1/18/00

Daytime Phone #

850-894-9023

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-27-2000 90017 048 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)