

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90042 028 ***550.00

DOCUMENT # P99000043942

1. Entity Name

MIRAGE REAL ESTATE INVESTMENT, INC. ✓

Principal Place of Business

2117 HOLLYWOOD BLVD.
 SUITE 155
 HOLLYWOOD FL 33020

Mailing Address

2117 HOLLYWOOD BLVD.
 SUITE 155
 HOLLYWOOD FL 33020

2. Principal Place of Business

5722 S. FLAMINGO RD.
 Suite, Apt. #, etc.
 # 280

3. Mailing Address

5722 S. FLAMINGO RD.
 Suite, Apt. #, etc.
 # 280

City & State
 COOPER CITY, FLORIDA

City & State
 COOPER CITY, FLORIDA

Zip
 33330

Country
 USA

Zip
 33330

Country
 USA

4. FEI Number
 65-0921182

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent

ZUKOSKI, KEITH JR.
 2117 HOLLYWOOD BLVD.
 SUITE 155
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name ZUKOSKI, KEITH JR.
 Street Address (P.O. Box Numbers Not Acceptable)
 5722 S. FLAMINGO ROAD
 #280
 City COOPER CITY FL Zip Code 33330

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 

09-12-2000

Signature, typed or printed name of registered agent and title if applicable. (Signature of registered agent 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	ZUKOSKI, KEITH JR.	
STREET ADDRESS	2117 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIES, TED	
STREET ADDRESS	2117 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 AS PRESIDENT

09-12-2000 954-438-5792

Date

Daytime Phone #

CR2E034 (5/00)