

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043942

1. Entity Name

MIRAGE REAL ESTATE INVESTMENT, INC.

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

09-18-2000 90042 028 ***550.00

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.

3. Mailing Address

5722 S. FLAMINGO RD.

Suite, Apt. #, etc.

280

Suite, Apt. #, etc.

280

City & State

COOPER CITY, FLORIDA

City & State

COOPER CITY, FLORIDA

4. FEI Number

65-0921182

Applied For

Not Applicable

Zip

33330

Country

USA

Zip

33330

Country

USA

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

Signature, typed or printed name of registered agent and title if applicable

DATE

09-12-2000

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
 NAME ZUKOSKI, KEITH JR.
 STREET ADDRESS 2117 HOLLYWOOD BLVD.
 CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE VD
 NAME RIES, TED
 STREET ADDRESS 2117 HOLLYWOOD BLVD.
 CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-12-2000 954-438-5792

CR2E034 (5/00)