

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

00 APR 25 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000049980

1. Entity Name

FLORIDA RESTORATION, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

206 WEDGEWOOD CIRCLE

3. Mailing Address

206 WEDGEWOOD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GREEN ACRES, FL

City & State

GREEN ACRES FL

4. FEI Number

65-0931714

Applied For

Not Applicable

Zip

33463

Country

U.S.A.

Zip

33463

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME MIRABELLS, ADRIAN O
STREET ADDRESS 206 WEDGEWOOD CIRCLE
CITY-ST-ZIP GREEN ACRES, FL 33463

TITLE PSD ☒ Change ☐ Addition
NAME MIRABELLA, ADRIAN O
STREET ADDRESS 206 WEDGEWOOD CIRCLE
CITY-ST-ZIP GREEN ACRES, FL 33463

TITLE VTD ☐ Delete
NAME MIRABELLS, CATHERINE
STREET ADDRESS 206 WEDGEWOOD CIRCLE
CITY-ST-ZIP GREEN ACRES, FL 33463

TITLE VTD ☒ Change ☐ Addition
NAME MIRABELLA, CATHERINE
STREET ADDRESS 206 WEDGEWOOD CIRCLE
CITY-ST-ZIP GREEN ACRES, FL 33463

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 8000003229768-3
STREET ADDRESS -04/28/00-01111-019
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Day/Time Phone #


CR2E034 (9/99)

KE

Special Power of Attorney

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I, Adrian O. Mirabella, President of Florida Restoration, Inc., hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in the signature area the Florida Department of State Profit Corporation Annual Report on behalf of Florida Restoration, Inc.. This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.


Signature

President
Title

11/6/99
Date

Adrian O. Mirabella
Printed name