

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90002 028 ***150.00

DOCUMENT # **P99000049980**
 1. Entity Name
FLORIDA RESTORATION, INC.

Principal Place of Business Mailing Address
206 WEDGEWOOD CIRCLE
GREEN ACRES, FL 33463

2. Principal Place of Business 3. Mailing Address
206 WEDGEWOOD CIRCLE **206 WEDGEWOOD CIRCLE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
GREEN ACRES, FL **GREEN ACRES, FL**
 Zip Country Zip Country
33463 U.S.A. **33463 U.S.A.**

4. FEI Number Applied For
65-0931714 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MIRABELLA, ADRIAN 206 WEDGEWOOD CIRCLE GREEN ACRES, FL 33463	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MIRABELLA, CATHERINE 206 WEDGEWOOD CIRCLE GREEN ACRES, FL 33463	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Adrian Mirabella** **ADRIAN MIRABELLA** **4/10/01** **521-963-8728**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

VICTOR LERRO & COMPANY, CPA, PA
A Professional Association

attachment
D#P990004980
B0043305

August 24, 2001

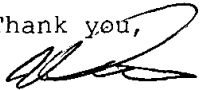
RE: Florida Restoration, Inc.
P99000049980

Dear Department of State:

On behalf of my client, Florida Restoration, Inc., we hereby submit a copy of the Uniform Report for 2001. This report was mail by the entity on or about April 1, 2001 and apparently was lost in the mail.

We ask you to please accept this filing as timely given that there is no neglect by the corporation.

Thank you,



Victor Lerro, CPA

Cc: Florida Restoration, Inc.