

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90654 037 ***150.00

DOCUMENT # P99000061382

1. Entity Name
MIRABEL GROUP CORPORATION

Principal Place of Business
1817 JAMES AVENUE
#101
MIAMI BEACH FL 33139
US

Mailing Address
1817 JAMES AVENUE
#101
MIAMI BEACH FL 33139
US



2. Principal Place of Business

3. Mailing Address

P.O. Box 398435

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI BEACH, FLA

4. FEI Number **65-0933876**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33239

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

HEYAT, BOB
1817 JAMES AVENUE
MIAMI BEACH FL 33139

Name **BOB HEYAT**

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

ONE GROVE ISLE #1206

City **COCONUT GROVE,**

FL

Zip Code **33133**

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, 2002 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 **D** ☐ Delete
 NAME **HEYAT, BOB**
 STREET ADDRESS **1817 JAMES AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **BOB HEYAT**
 STREET ADDRESS **ONE GROVE ISLE #1206**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02
 Date

305-538-3838
 Daytime Phone #

CR2E034 (9/01)