

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063314

1. Entity Name
E-MIRACLENETWORK, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90204 031 ***158.75

Principal Place of Business

20113 NE 16TH PL
MIAMI FL 33179

Mailing Address

20113 NE 16TH PL
MIAMI FL 33179

2. Principal Place of Business

19501 NE 10 Ave
Suite, Apt. #, etc.
203

3. Mailing Address

19501 NE 10 Ave
Suite, Apt. #, etc.
203

City & State

N Miami Beach, FL

City & State

N. Miami Beach, FL

Zip

33179

Country

USA

Zip

33179

Country

4. FEI Number 65-0936664

Applied For

Not Applicable

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

H.A. INCORPORATED
308 NW 101 TERRACE
CORAL SPRINGS FL 33071

Name

Susan Parker

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

19501 NE 10 Ave Ste 203

City

N. Miami Beach

FL

Zip Code

33179

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

Duo - C. Par (president)

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

(NOTE: Registered Agent signature required when reinstating)

04/27/01

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, 2001 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	<input checked="" type="checkbox"/> Delete
NAME	SIMON, SAMUEL	
STREET ADDRESS	20101 N.E. 16TH PLACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, STEVEN H	
STREET ADDRESS	20113 NE 16TH PL	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BISTRITZ, JOSEPH M.	
STREET ADDRESS	2817 PLAINE AVE	
CITY-ST-ZIP	MIAMI FL 33190	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Li Hman, Eric	
STREET ADDRESS	7695 SW 104 St Ste 210	
CITY-ST-ZIP	miami FL 33156	
TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parker, Susan	
STREET ADDRESS	14790 SW 21 Street	
CITY-ST-ZIP	Davie, FL 33325	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sturm, Dennis	
STREET ADDRESS	7030 W. Cypresshead Drive	
CITY-ST-ZIP	Parkland, FL 33067	
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

Date

Daytime Phone #

Dennis Sturm
308-655-0700

CR2E034 (10/00)