

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90062 037 ***150.00

DOCUMENT # P990000079079

1. Entity Name

MIRAGE OF ISLAMORADA INC.

Principal Place of Business

Mailing Address

86743 OVERSEAS HWY 8
 ISLAMORADA, FL 33036

87200 OVERSEAS HWY.
 # A1
 ISLAMORADA, FL.
 33036

00056514

2. Principal Place of Business
 86743 OVERSEAS HWY 8

3. Mailing Address
 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 ISLAMORADA, FL

City & State

4. FEI Number
 65-0948089

Applied For
 Not Applicable

Zip
 33036

Country
 US

Zip

Country

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

MARGARET HIRSCH MORRIS
 87200 OVERSEAS HWY UNIT A1
 ISLAMORADA, FL 33036

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, 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

TITLE PRESIDENT
 NAME MARGARET HIRSCH MORRIS
 STREET ADDRESS 87200 OVERSEAS HWY UNIT A1
 CITY - ST - ZIP ISLAMORADA, FL 33036

TITLE VP
 NAME KEVIN MORRIS M.
 STREET ADDRESS 87200 OVERSEAS HWY UNIT A1
 CITY - ST - ZIP ISLAMORADA, FL 33036

TITLE TREASURER
 NAME HIRSCH, KURT
 STREET ADDRESS RR 8 BOX 8655A
 CITY - ST - ZIP MOSCOW PA 18444

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 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: MARGARET HIRSCH MORRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/01 305-517-9200

Date

Daytime Phone #