

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90320 009 \*\*\*150.00

DOCUMENT # P99000086231

1. Entity Name

370 MIRACLE FASHION CORPORATION

Principal Place of Business

1250 E HALLANDALE BEACH BLVD  
SUITE 405  
HALLANDALE BEACH FL 33009

Mailing Address

1250 E HALLANDALE BEACH BLVD  
SUITE 405  
HALLANDALE BEACH FL 33009

2. Principal Place of Business

370 MIRACLE MILE

3. Mailing Address

370 MIRACLE MILE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

4. FEI Number 65-0950756

Applied For

Not Applicable

Zip  
33134

Country

Zip  
33134

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

JAVELLANA, TYRONE  
1250 E HALLANDALE BEACH BLVD  
SUITE 405  
HALLANDALE FL 33009

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JUNG, MARIA  
370 MIRACLE MILE  
CORAL GABLES FL 33134 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)