

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V21068

1. Entity Name

MORTGAGE MIRACLES, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90023 035 ***150.00

Principal Place of Business

2100 CONSTITUTION BLVD.
SARASOTA FL 34231

Mailing Address

~~1259 RIEGEL'S LANDING DRIVE~~
~~SIESTA KEY FL 34242-1781~~
~~US~~

2. Principal Place of Business

3. Mailing Address

4199 LOSILLIAS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

Country

34238

USA

4. FEI Number 65-0319590

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

VALDINI, FRANK A.

~~1259 RIEGEL'S LANDING DR~~ 4199 LOSILLIAS DR.
~~SIESTA KEY FL 34242~~ SARASOTA, FL
34238

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, 2000 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 type="checkbox"/> Delete
NAME	VALDINI, FRANK A.	
STREET ADDRESS	1259 RIEGEL'S LANDING DR 4199 LOSILLIAS	
CITY-ST-ZIP	SIESTA KEY FL SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

FRANK A. VALDINI

Date

3/21/00 (941) 924-6888

Daytime Phone #

CR2E034 (9/99)