

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V40638

1. Entity Name

MIRACLE MILE CORP.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90034 001 \*\*\*150.00

Principal Place of Business 2333 PONCE DE LEON BLVD SUITE 650 CORAL GABLES FL 33134 US	Mailing Address 2333 PONCE DE LEON BLVD SUITE 650 CORAL GABLES FL 33134-5418 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>169 Miracle Mile</i> Suite, Apt. #, etc. <i>Suite R10</i> City & State <i>Coral Gables, FL</i> Zip <i>33134</i> Country <i>USA</i>	3. Mailing Address <i>169 Miracle Mile</i> Suite, Apt. #, etc. <i>Suite R10</i> City & State <i>Coral Gables, FL</i> Zip <i>33134</i> Country <i>USA</i>
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4. FEI Number <b>65-0338781</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**GUTTMAN, RICHARD ESQ.**  
 C/O CARLTON, FIELDS, WARD, EMMANUEL, ET AL  
 100 S.E. 2ND STREET, SUITE 4000  
 MIAMI FL 33131

7. Name and Address of New Registered Agent  
 Name  
*Ignacio G. del Valle*  
 Street Address (P.O. Box Number is Not Acceptable)  
*100 SE 2nd Street*  
*Suite 4000*  
 City  
*Miami* FL Zip Code  
*33131*

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 *Ignacio G. del Valle* *Ignacio G. del Valle* *4/28/00*  
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROSADO, JOSE F</b> 2333 PONCE DE LEON BLVD., #650 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTSD</b> <b>BLANCO, FRANCISCO E</b> 2333 PONCE DE LEON BLVD., #650 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUAREZ, ANTONIO</b> 2333 PONCE DE LEON BLVD., #650 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARCIA, JOSE CARLOS BO</b> 2333 PONCE DE LEON BLVD., #650 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>169 Miracle Mile, Suite R10</i> <i>Coral Gables, FL 33134</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>169 Miracle Mile, Suite R10</i> <i>Coral Gables, FL 33134</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>169 Miracle Mile, Suite R10</i> <i>Coral Gables, FL 33134</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>169 Miracle Mile, Suite R10</i> <i>Coral Gables, FL 33134</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **4/27/2000** **305-447-9697**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)