

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 698172

1. Entity Name
JUST A SECOND, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90274 027 ***150.00

Principal Place of Business 3300 NE 191 ST #LP-16 AVENTURA FL 33180 US	Mailing Address 3300 NE 191 ST #LP-16 AVENTURA FL 33180 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3300 NE 192 ST Suite, Apt. #, etc. Apt. 1609 City & State Aventura, FL Zip USA	3. Mailing Address Same Suite, Apt. #, etc. City & State FL Zip Country
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4. FEI Number 59-1251426	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COLLINS, TERESA M C.P.A.
3300 NE 191ST
#LP-16
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
Therese M. Collins
Street Address (P.O. Box Number is Not Acceptable)
Apt. 1609
3300 NE 192 St.
City
Aventura, FL FL
Zip Code
33180

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 _____ (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, IREL V 3300 NE 192 ST AVENTURA FL ← 192 St.	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Irel V. Miller Bay Club I - Apt. 1609 3300 NE 192 Street Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILLER, ANN MARIE 3300 NE 191 ST AVENTURA FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 Irel V. Miller Irel V. Miller 4/23/01 305-931-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)