

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90190 003 \*\*\*150.00

**DOCUMENT #** P01060008407  
**1. Entity Name**  
**BOND & MEL MILLARD ENTERPRISES, INC.** ✓

**Principal Place of Business**  
 1955 NE 149 ST  
 N MIAMI FL 33181

**Mailing Address**  
~~1955 NE 149 ST~~  
~~N MIAMI FL 33181~~



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**  
 99 N. Post Oak Lane

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.  
 Apt. 4108

**City & State**  
 Houston, TX

**4. FEI Number**  
 65-1070455

Applied For  
 Not Applicable

**Zip** 77024 **Country** USA

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

~~MILLARD, WILLIAM BOND~~  
~~1955 NE 149 ST~~  
~~N MIAMI FL 33181~~

**7. Name and Address of New Registered Agent**

Name: Morris Engelberg, Esquire

Street Address (P.O. Box Number is Not Acceptable)  
 c/o Engelberg & Milgrim, P.L.  
 3230 Stirling Road, Suite 1

City: Hollywood, FL **FL** Zip Code: 33021

**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]* DATE: 1-29-02

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 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	D	<input type="checkbox"/> Delete
NAME	MILLARD, WILLIAM BOND	
STREET ADDRESS	1955 NE 149 ST	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	99 N. Post Oak Lane	
STREET ADDRESS	Apt. 4108	
CITY-ST-ZIP	Houston, TX 77024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]* SIGNATURE REQUIRED: *[Signature]* DATE: 2/1/02 DAYTIME PHONE #: 713 688 1066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)