

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023669

1. Entity Name

ROBERT A. MILNE & ASSOCIATES, P.A.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90021 010 ***150.00

Principal Place of Business

Mailing Address

ONE SE THIRD AVENUE SUITE 1980
MIAMI FL 33131

ONE SE THIRD AVENUE SUITE 1980
MIAMI FL 33131-1704

2. Principal Place of Business

3. Mailing Address

25 SE 2nd Ave

25 SE 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1105

Suite 1105

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33131

USA

33131

USA

4. FEI Number

05-0038844

Applied For

Not Applied

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

AMKGS REGISTERED AGENTS, INC.
1980 SUNTRUST INTERNATIONAL CENTER
ONE SE THIRD AVENUE
MIAMI FL 33131

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILNE, ROBERT A
ONE SE THIRD AVENUE SUITE 1980
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Milne, Robert A.
25 SE 2nd Ave. Suite 1105
Miami FL 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 #