

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 331780

1. Entity Name

MILES MELDISCO K-M HIALEAH FLA INC

(1362)

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90131 014 ***150.00

Principal Place of Business

1460 W 49TH ST
HIALEAH FL 33000
US

Mailing Address

933 MACARTHUR BLVD.
MAHWAH NJ 07430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-2630832

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

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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's 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

11. OFFICERS AND DIRECTORS

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

TITLE	V	<input type="checkbox"/> Delete
NAME	PROFFITT, RANDALL S	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHEPARD, JEFFREY	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	RICHARDS, MAUREEN	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BAUMLIN, THOMAS	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ 07430	
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"/> 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT SCHILLING	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS WOJNO

APR 26 2001

Date

(204) 934-2000

Daytime Phone #

CR2E034 (10/00)