

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**  
 04-28-2002 90784 048 \*\*\*150.00

**DOCUMENT # 346465**

1. Entity Name

H. MILLER AND SONS, INC.

Principal Place of Business

760 NW 107 AVENUE  
 STE 300  
 MIAMI FL 33172

Mailing Address

760 NW 107 AVENUE  
 STE 300  
 MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0947279

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RUBIN, SHELLY  
 760 NW 107TH AVE  
 STE 300  
 MIAMI FL 33172

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS MILLER, LEONARD  
 CITY-ST-ZIP 700 NW 107 AVE  
 MIAMI FL

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS Ste 400  
 CITY-ST-ZIP 33172

TITLE ☐ Delete  
 NAME DC  
 STREET ADDRESS MILLER, STUART A.  
 CITY-ST-ZIP 700 NW 107 AVE  
 MIAMI FL 33172

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS Ste 400  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME V  
 STREET ADDRESS RUBIN, SHELLY  
 CITY-ST-ZIP 760 NW 107TH AVE  
 MIAMI FL 33172

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS Ste 300  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS JORDAN, MARGARET  
 CITY-ST-ZIP 760 NW 107TH AVE  
 MIAMI FL 33172

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS Ste 300  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME AC  
 STREET ADDRESS LIEBERMAN, ARTHUR J  
 CITY-ST-ZIP 760 NW 107TH AVE  
 MIAMI FL 33172

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS Ste 300  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS KRASNOFF, JEFFREY P.  
 CITY-ST-ZIP 760 NW 107TH AVE  
 MIAMI FL 33172

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS Ste 300  
 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

Arthur J. Lieberman

4/16/02

(305) 485-2000

Daytime Phone #

CR2E034 (9/01)