

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90131 027 ***150.00

DOCUMENT # 355590

1. Entity Name
MILES MELDISCO K-M BISCAYNE FLA INC (1399)

Principal Place of Business: **10700 BISCAYNE BLVD N MIAMI FL 33161 US**
 Mailing Address: **933 MACARTHUR BLVD. MAHWAH NJ 07430**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country Zip: Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-2667022** Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301**
 7. Name and Address of New Registered Agent: 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: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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: D NAME: PALIZZI, ANTHONY STREET ADDRESS: 3100 W. BIG BEAVER CITY-ST-ZIP: TROY MI	<input checked="" type="checkbox"/> Delete	TITLE: AS NAME: ROBERT SCHILLING STREET ADDRESS: 933 MacARTHUR BLVD., MAHWAH, NJ 07430 CITY-ST-ZIP: MAHWAH NJ 07430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: PROFFITT, RANDALL S STREET ADDRESS: 933 MACARTHUR BLVD. CITY-ST-ZIP: MAHWAH NJ	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: SHEPARD, JEFFREY STREET ADDRESS: 933 MACARTHUR BLVD. CITY-ST-ZIP: MAHWAH NJ	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AT NAME: WOJNO, THOMAS STREET ADDRESS: 933 MACARTHUR BLVD. CITY-ST-ZIP: MAHWAH NJ	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AT NAME: BAUMLIN, THOMAS STREET ADDRESS: 933 MACARTHUR BLVD. CITY-ST-ZIP: MAHWAH NJ 07430	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: RICHARDS, MAUREEN STREET ADDRESS: 933 MACARTHUR BLVD CITY-ST-ZIP: MAHWAH NJ	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: **THOMAS WOJNO** APR 16 2001 (201) 934-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)