

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90054 046 ***150.00

DOCUMENT # 471196

1. Entity Name

FIRST FLORIDA INDUSTRIES, INC.

Principal Place of Business

Mailing Address

**5900 S. W. 73RD STREET
STE 303
SOUTH MIAMI FL 33143**

**5900 S. W. 73RD STREET
STE 303
SOUTH MIAMI FL 33143-5162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MILLER, B. E.
5900 SOUTHWEST 73RD STREET
STE 303
MIAMI FL 33143**

4. FEI Number

59-1585042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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 **PD**
NAME **MILLER, B E**
STREET ADDRESS **5900 SW 73 ST #303**
CITY-ST-ZIP **MIAMI FL**

☐ Delete

TITLE **C/D**
NAME **Miller, B.E.**
STREET ADDRESS **5900 SW 73 St., #303**
CITY-ST-ZIP **Miami, FL 33143**

☒ Change ☐ Addition

TITLE **SD**
NAME **MILLER, CATHERINE**
STREET ADDRESS **5900 SW 73 ST #303**
CITY-ST-ZIP **MIAMI FL**

☐ Delete

TITLE **V/S/D**
NAME **Miller, Catherine**
STREET ADDRESS **5900 SW.73 St., #303**
CITY-ST-ZIP **Miami, FL 33143**

☒ Change ☐ Addition

TITLE **TD**
NAME **MILLER, YOLANDA**
STREET ADDRESS **5900 SW 73 ST #303**
CITY-ST-ZIP **MIAMI FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD**
NAME **MILLER, W. ROBERT**
STREET ADDRESS **5900 SW 73 ST #303**
CITY-ST-ZIP **MIAMI FL**

☐ Delete

TITLE **P/D**
NAME **Miller, W. Robert**
STREET ADDRESS **5900 SW 73 St., #303**
CITY-ST-ZIP **Miami, FL 33143**

☒ 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
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:

B. E. Miller Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

(305) 665-1146

Daytime Phone #

CR2E034 (9/99)