2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2003 8:00 am Secretary of State 584235 DOCUMENT # 04-21-2003 91210 034 ***150 00 1. Entity Name MILLHAUSER & ASSOCIATES, INC. Principal Place of Business Mailing Address TIBRADA 1570 MADRUGA AVE 1570 MADRUGA AVE STE 202 **STE 202** CORAL GABLES FL 33146 CORAL GABLES FL 33146 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 59-1926492 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLHAUSER, HOWARD Street Address (P.O. Box Number is Not Acceptable) 1570 MADRUGA AVE **SUITE 216** CORAL GABLES FL 33146 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE MILLHAUSER, HOWARD NAME NAME STREET ADDRESS 12251 TROPICAL WAY STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE MILLHAUSER, LISA NAME NAME STREET ADDRESS 1570 MADRUGA AVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE

12. 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 amounts to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empoy changed, or on an attachment with an address,

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED