## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F29791

1. Entity Name

## MILLER DISCOUNT INC.

**FILED** Mar 01, 2000 8:00 am Secretary of State 03-01-2000 90056 031 \*\*\*150.00

2. Principal Place of Business  Suita. Apt. #, etc.  City & State  City				
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City & State  City & State  City & State  Country  Countr	T 1991/100 FILE FIELD FORE LODGE (FIELD FOR AND FORE) AND FOR AND FORE FORE FORE FORE FORE FORE FORE FORE			
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6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  DIAZ_ENRIQUE J 7500 NW 69TH AVENUE MEDILEY FL 33166  City  FL Zip C  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  Garatus, typed or present name of registered agent and sile of applicable.  NOTE Registered Agent separative regulate when rematating)  PILE NOWILL FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check; Payable to Department of State  NOTE Registered Agent separative regulate when rematating)  PRESIDENT ADDRESS TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. DIRECTORS STREET ADDRESS TO OFFICERS AND DIRECTORS  TITLE  CLAVIJO. EDUARDO A  STREET ADDRESS TO OFFICERS AND DIRECTORS  TITLE  CLAVIJO. EDUARDO A  STREET ADDRESS TO OFFICERS AND DIRECTORS  TITLE  CLAVIJO. EDUARDO A  STREET ADDRESS TO OFFICERS AND DIRECTORS  TITLE  CONTYST-3P  MAMI BEACH, FL 00000  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  CONTYST-3P  MAMI BEACH, FL 00000  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  CONTYST-3P  MAMI FL  CONTYST	Applied For Not Applicable			
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DIAZ, ENRIQUE J 7500 NW 69TH AVENUE MEDLEY FL 33168  City  FL  Zip C  City  FL  Signatur. Special agent, or both, in the State of Florida.  Signatur. Special agent, or both,				
TOO NW 69TH AVENUE MEDLEY FL 33168  City FL Zip C  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  Synature, types or protect name of ingulatered agent and site 4 applicable.  P. This corporation is eligible to satisfy its intangible Tax filling requires entitle or the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Synature, types or protect name of ingulatered agent and site 4 applicable.  P. Tilling requires an applicable to satisfy its intangible Tax filling requires entitle of the state of Florida.  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  After MAY 1, 2000 Fee will be \$550.00  Thus Flund Contribution.  Add Charles Support Charles				
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12. Levelby cortify 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				

I nereby 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:

REGISTRED ENRIQUE S. DIAZ 1/26/00 305-885-9714

Dete Daytime Phone #