

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F29791

1. Entity Name
MILLER DISCOUNT INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91237 008 ***150.00

Principal Place of Business

5855 S.W. 137 AVENUE
MIAMI FL 33183
US

Mailing Address

7500 N W 69 AVE
MIAMI FL 33166-9502

U B R



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2137131

Applied For
Not Applicable

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

TRIAY, CARLOS A
999 PONCE DE LEON BLVD #1110
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

10570 NW 27 St.

#103

City

MIAMI

FL

Zip Code

33132

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

5/11/01

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, 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 P ☐ Delete
NAME DIAZ, ENRIQUE J
STREET ADDRESS 10341 SW 37 ST 7500 NW 69 Ave
CITY-ST-ZIP MIAMI FL 33185 Medley, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MENEGES, RAUL Meneses, Raul
STREET ADDRESS 12661 NW 89 PL 7500 NW 69 Ave
CITY-ST-ZIP LUAL GARDENS FL 33048 Medley, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: ENRIQUE DIAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-01
Date

305-885-9774
Daytime Phone #

CR2E034 (10/00)