

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
 03-24-2000 90066 008 ***150.00

DOCUMENT # F79670
 Entity Name
MILLER & PONN, P.A.

Principal Place of Business Mailing Address
 250 VALENCIA AVENUE 250 VALENCIA AVENUE
 CORAL GABLES FL 33134 CORAL GABLES FL 33134-5906

Principal Place of Business 3. Mailing Address
 1525 N. Park Drive 1525 N. Park Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 102 Suite 102
 City & State City & State
 Weston, FL Weston, FL



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country
 33326 USA 33326 USA

4. FEI Number Applied For
59-2189046 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PONN, DENNIS
 250 VALENCIA AVE.
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name DENNIS PONN
 Street Address (P.O. Box Number is Not Acceptable)
 1525 N. Park Drive, Suite 102
 City Weston FL Zip Code 33326

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 DENNIS PONN 3/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DELETE	VSD PONN, ENID MILLER 250 VALENCIA AVE CORAL GABLES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PONN, ENID MILLER 1525 N. Park Drive, Suite 102 Weston, FL, 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE	PTD PONN, DENNIS 250 VALENCIA AVE CORAL GABLES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PONN, DENNIS 1525 N. PARK DRIVE, Suite 102 WESTON, FL, 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED 3/17/00 954-349-6484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)