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## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all oth

## Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # G25659** MILES CONSTRUCTION, INC. 04-04-2001 90064 032 \*\*\*150.00 Principal Place of Business Mailing Address 11360 FORTUNE CIR 11360 FORTUNE CIR STE E29 STE E29 W. PALM BCH, FL 33414-3964 WEST PALM BEACH FL 33414-3964 US 2. Principal Place of Business 3. Mailing Address 32 FORTUNE <u>3132</u> Suite Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE D30 30 City & State Applied For City & State 4. FEI Number 59-2259851 FL lew NGTON JELLINGTON Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILES, MARK B. 11360 FORTUNE CIR FORTUVE WAY W PALM BCH, FL 33414 anging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of o SIGNATURE (NOTE: Registered Agent signatu FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. PTD Change TITLE Delete TITI E MILES, MARK B. MAME NAME 3132 FORTUNE WAY 11360 FORTUNE CIRCLE, #E29 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WELLINGTON FL 33414** CITY-ST-ZIP WELYNGTON ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F TITI F □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if