

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-14-2002 90343 038 ***150.00

DOCUMENT # **K00179**
1. Entity Name
ESTHER A. MILLER - PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14475 STRATHMORE LN Suite, Apt. #, etc. APT. # 404		3. Mailing Address 14475 STRATHMORE LANE Suite, Apt. #, etc. APT 404	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL	
Zip 33446	Country PALM BEACH	Zip 33446	Country PALM BEACH

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IN THIS SPACE**

4. FEI Number #65-0012348	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name **ESTHER A. MILLER - PA**
Street Address (P.O. Box Number is Not Acceptable)
14475 STRATHMORE LANE # 404
City **DELRAY BEACH, FL** Zip Code **33446**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESTHER A. MILLER PRESIDENT 14475 STRATHMORE LANE - APT 404 DELRAY BEACH, FLORIDA 33446
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Esther A. Miller**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TEL # 561-6378530
4/29/02
Date Daytime Phone #

CR2E034B (12/01)