2002 UNIFORM BUSINESS REPORT (UBR)

r1LED May 28, 2002 8:00 am Secretary of State 05-28-2002 9160° 047 K23846 DOCUMENT # 1. Entity Name ROBERT M. MILLER, P.A. Mailing Address Principal Place of Business 5915 PONCE DE LEON BLVD 5915 PONCE DE LEON BLVD **STF 12 STF 12** CORAL GABLES FL 33146 CORAL GABLES FL 33146 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0051828 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. MILLER, ROBERT M. Street Address (P.O. Box Number is Not Acceptable) 5915 PONCE DE LEON BLVD **STE 12** CORAL GABLES FL 33146 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE MILLER, ROBERT M. NAME NAME 5915 PONCE DE LEON BLVD., #12 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE MILLER, ROBERT M. NAME NAME 5915 PONCE DE LEON BLVD., SUITE 12 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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 of the corporation or the receiver changed, or on an attachment w with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Attachment # K23846

LAW OFFICES

ROBERT M. MILLER, P.A.

SUITE 12

5915 PONCE DE LEON BOULEVARD CORAL GABLES, FLORIDA 33146

> TELEPHONE (305) 665-1993 TELEFAX (305) 662-9119

> > May 2, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: Robert M. Miller, P.A.

To whom it may concern:

Enclosed, please find my Uniform Business Report. The report was misplaced by my office staff, upon it's receipt and was not discovered by me until April 30. Under the circumstances I would appreciate it if you would please waive the late fee relative to the filing of same.

Thank you for your courtesies in this regard.

Very truly yours,

ROBERT M. MILLER

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