2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State
01-13-2000 90011 017 ***150.00

DOCUMENT # K57515

1. Entity Name

T. J. MILLER, INC.

Principal Place of Business	Mailing Address
6794 N.E. 11 AVENUE OAKLAND PARK FL 3334 US	4794 N.E. 11 AVENUE OAKLAND PARK FL 33334-3908 US

U0001384

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4794 N E 11 St Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33334 / Country	Zip / Country

4. FEI Number 65-0089792 ☐ 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
MILLER, JUDY 151 SE 12TH ST POMPANO BEACH FL 33060	Name Street Address (P.O. Box Number is Not Acceptable) 993 SE 9 St Avenue City **FL** Zip Code

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) ☐

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, JUDY 4794 N.E. 11 AVENUE OAKLAND PARK FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: Judy Miller Judy Miller 1/5/00 954/2027377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #