

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K82083

1. Entity Name

R & R MILES CORPORATION

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90266 038 ***150.00

Principal Place of Business

C/O PEDRO P. DELGADO. CPA
1320 SOUTH DIXIE HWY. SUITE 220
CORAL GABLES FL 33146

Mailing Address

C/O PEDRO P. DELGADO. CPA
1320 SOUTH DIXIE HWY. SUITE 220
CORAL GABLES FL 33146

2. Principal Place of Business

MILES CAKE & CANDY SUPPLIES 8709 S.W. 132 ST
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33176

Country

DADE

Country

4. FEI Number

38-2170345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELGADO, PEDRO P. CPA
1320 SOUTH DIXIE HWY. SUITE 220
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name RICHARD N. MILES JR.

Street Address (P.O. Box Number is Not Acceptable)

8709 S.W. 132 ST

City

MIAMI FL

FL

Zip Code

33176

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

18 apr 01

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, 2001 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

TITLE PTD ☐ Delete
NAME MILES, RICHARD N JR.
STREET ADDRESS 8975 SW 112 STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 apr 01

Date

305-251-1005

Daytime Phone #

CR2E034 (10/00)