

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0327552 AV

DOCUMENT # **L46708**

1. Entity Name
RAYMOND C. MILLER, P.A.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -6 AM 9:58

Principal Place of Business
**400 S.E. 6TH STREET
FT LAUDERDALE FL 33301
US**

Mailing Address
**400 SE 6TH STREET
FT LADUERDALE FL 33301
US**



2. Principal Place of Business
**633 Southeast 3rd Avenue
Suite, Apt. #, etc.
4F**

3. Mailing Address
**633 S.E. Third Avenue
Suite, Apt. #, etc.
4F**

City & State
Ft. Lauderdale FL 33301

City & State
Ft. Lauderdale FL

Zip
33301

Country
U.S.

Zip
33301

Country
U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **66-5017150**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, RAYMOND C.
1001 SOUTH ANDREWS AVENUE
SUITE 101
FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name
Miller Raymond C.
Street Address (P.O. Box Number is Not Acceptable)
**Truist Lawyers Building
633 S.E. Third Ave, Suite 4F
City Fort Lauderdale FL Zip Code 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, RAYMOND C. 400 SE 6TH ST FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Miller, Raymond C. 633 S.E. Third Ave., #4F Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500020977775 06/18/03--01058--025 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RAYMOND C. MILLER** **6-3-03** **(954) 462-3668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

LAW OFFICE OF
RAYMOND C. MILLER, P.A.
PROFESSIONAL ASSOCIATION
Trial Lawyers Building
633 S.E. Third Avenue, Suite 4F
Fort Lauderdale, Florida 33301
OFFICE: (954) 462-3668 • FAX: (954) 463-1245

June 4, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

In Re: Request for Waiver of Late Fee for filing 2003 Uniform Business Report

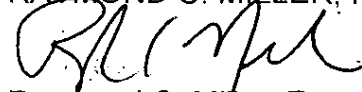
To Whom It May Concern:

Please be advised that on Thursday, June 3, 2003, I spoke with Ula in the Division of Corporations. She suggested that I send this letter to you in an effort to waive the late fees associated with the filing of my corporate paperwork. I recently relocated my office and as a sole practitioner things were completely hectic, including the loss of mail. Additionally, business has been extremely slow. Recently, I discovered my corporate paperwork and immediately contacted the Division of Corporations and they suggested I send this letter in an effort to waive the late fee.

In light of this situation, I hope you can help in this matter. Thank you for your cooperation and please contact me and advise. As suggested by Ula, I am enclosing a check for \$150.00. I have never been late before.

Respectfully,

RAYMOND C. MILLER, P.A.



Raymond C. Miller, Esq.

RCM:vp

Enclosure: As Stated Above