

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 12 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

950287

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000007976

1. Entity Name

Miller Drive (Fla), L.C.

Principal Place of Business

80 S.W. 8th Street, #2071
Miami, FL 33130

Mailing Address

80 S.W. 8th Street, #2071
Miami, FL 33130

2. Principal Place of Business

9400 South Dadeland Blvd

Suite, Apt. #, etc.

Suite 508

City & State

Miami, FL 33156

Zip

33156

Country

USA

3. Mailing Address

9400 South Dadeland Blvd.

Suite, Apt. #, etc.

Suite 508

City & State

Miami, FL 33156

Zip

33156

Country

USA

4. FEI Number

☒

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Louis Stinson, Jr.
4675 Ponce de Leon Boulevard, Suite 305
Coral Gables, FL 33146

7. Name and Address of New Registered Agent

Name

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

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vedros, Jansel, J.
STREET ADDRESS	9400 South Dadeland Boulevard, #508
CITY-ST-ZIP	Miami, FL 33156
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stinson, Jr., Louis
STREET ADDRESS	4675 Ponce de Leon Boulevard, #305
CITY-ST-ZIP	Coral Gables, Florida 33143
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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*****50.00 *****50.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

Louis Stinson, Jr., Secretary 4/21/00 305-667-7571

Date

Daytime Phone #

CR2E034 (9/99)