NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 02 MAY -8 AH 8: 31 N01000008183 1. Entity Name REUBEN & EMILY MILLER (REM) COMMUNITY SECRETARY OF STATE DEVELOPMENT, INC. TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business <u>4015 North US1 North</u> 4015 North US 1 North DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State Not Applicable City & State Cocoa, \$8.75 Additional Cocoa, Country 5. Certificate of Status Desired Fee Required Country USA 32927 7. Name and Address of Current Registered Agent 32927 USA Quan L. Miller Street Address (P.O. Box Number is Not Acceptable) DO NOT WRITE 4015 North US1 North IN THIS SPACE Zip Code 32927 Cocoa 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. Make Check Payable to \$5.00 May Be 9. Election Campaign Financing FEE IS \$81.25 Department of State Trust Fund Contribution. Added to Fees Initial or Amended UBR OFFICERS AND DIRECTORS 10. TILE President/Dir TITLE Quan L. Miller NAME. NAME 1438 Victoria Blvd STREET ADDRESS STREET ADDRESS Rockledge, FL 32955 CITY ST ZIP CITY-51-ZIP 9111005491529 inte 05/108/102 01026 004 Priscilla Miller-Jones TITLE NAME 5551 Spring Lake Ter Sec/Dir NAME ****F1 STREET ADDRES STREET ADDRESS Boynton Bch, FL 32437 CITY ST - ZIP CITY+ST-7IP TITLE Aston D. Miller Treas/Dir TITLE NAME 75th Lane North: NAME 12964 STREET ADDRESS DO NOT WRITE STREET ADDRESS West Palm Beach, FL 33412 CITY_ST-ZIP CITY-ST-ZIP IN THIS SPACE THLE TITLE Carolyn A. Menendez Director NAME NAME 21st Street 1129 STREET ADDRESS STREET ADDRESS West Palm Beach, FL33407 CITY-ST: 71P. CITY-ST-ZIP THLE Benjamin F. Miller Directr NAME 550 NW 21st Court STREET ADDRESS STREET ADDRESS Pompano Beach, FL 33060 CITY-ST-ZIP CITY-ST-ZIP TITLE Cedric K. Miller Directr 570 Liberty Via

12. I hereby certify that the information supplied with this filling 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 resolver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an addre

STREET ADDRES

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Quant L. D NAME OF SIGNING OFFICER OR DIRECTOR

Christianburg, VA 24073