


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009909 1. Entity Name STUART A. MILLER FAMILY FOUNDATION, INC.	
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Principal Place of Business 700 N.W. 107TH AVENUE ATTENTION: STUART MILLER MIAMI, FL 33172 US	Mailing Address 700 N.W. 107TH AVENUE ATTENTION: STUART MILLER MIAMI, FL 33172 US
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03242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1452682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRIAN L. BILZIN, P.A. 200 SOUTH BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000886644
04/18/08-80067-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, STUART A 700 N.W. 107TH AVENUE, 4TH FLOOR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILZIN, BRIAN L 200 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMES, MARSHALL H 700 N.W. 107TH AVENUE, 4TH FLOOR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:


SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08
Date

305-229-6554
Daytime Phone #