

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000459

1. Entity Name

THE FIVE MILLERS FAMILY FOUNDATION, INC.

FILED

Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90199 013 ****61.25

Principal Place of Business..

767 ARTHUR GODFREY RD
MIAMI BEACH FL 33140-3413

Mailing Address

767 ARTHUR GODFREY RD
MIAMI BEACH FL 33140-3413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0715711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, PAUL B
767 ARTHUR GODFREY BLVD.
MIAMI BEACH FL 33140

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
STEINBERG, SANDRA J
STREET ADDRESS 767 ARTHUR GODFREY RD
CITY-ST-ZIP MIAMI BEACH FL 33140-3413

TITLE NAME ☐ Delete
PD STEINBERG, PAUL B ESQ.
STREET ADDRESS 767 ARTHUR GODFREY ROAD
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE NAME ☐ Delete
VSD MANGOT, NEIL
STREET ADDRESS 90 MERRICK AVENUE
CITY-ST-ZIP EAST MEADOW NY 11554

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/01

CR2E037 (10/00)