

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001966

1. Entity Name

QUAN MILLER MINISTRIES (Q.M.M.), INC.

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90009 017 \*\*\*\*70.00

Principal Place of Business

4015 NORTH U.S. #1 NORTH  
COCOA FL 32927

Mailing Address

4015 NORTH U.S. #1 NORTH  
COCOA FL 32927

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

59-3597418

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, QUAN  
4015 NORTH U.S. #1 NORTH  
COCOA FL 32927

Name

Miller, Quan L.

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

*Quan L. Miller*

Signature, typed or printed name of registered agent and if not applicable.

(NOTE: Registered Agent signature required when reinstating)

7/18/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete  
NAME MILLER, QUAN  
STREET ADDRESS 1438 VICTORIA BLVD  
CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE ST ☐ Delete  
NAME MILLER, PRISCILLA L  
STREET ADDRESS 5551 SPRING LAKE TERR.  
CITY-ST-ZIP BOYNTON BEACH FL-33437

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

TITLE TT ☐ Delete  
NAME MILLER, ASTON D  
STREET ADDRESS 12964 75TH LANE NORTH  
CITY-ST-ZIP WEST PALM BEACH FL 33412

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 all other like empowered.

SIGNATURE:

*Quan L. Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00 (321)632-5662

Date

Daytime Phone #

CR2E037 (5/00)