

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90013 029 ***150.00

DOCUMENT # P00000001039

1. Entity Name

KMILES, INC.

Principal Place of Business

**4111 NORTHWEST 81ST TERRACE
CORAL SPRINGS FL 33065**

Mailing Address

**4111 NORTHWEST 81ST TERRACE
CORAL SPRINGS FL 33065**

2. Principal Place of Business

3111 UNIVERSITY DR.

Suite, Apt. #, etc.

SUITE 725

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

3. Mailing Address

3111 UNIVERSITY DR.

Suite, Apt. #, etc.

SUITE 725

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0970588

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

KENT MILES

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

3111 UNIVERSITY DR.

SUITE 725

City

CORAL SPRINGS,

FL

Zip Code

33065

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, 2001 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 ☐ Delete
NAME **PSTD**
STREET ADDRESS **MILES, KENT D**
CITY-ST-ZIP **4111 NORTHWEST 81ST TERRACE
CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

**KENT MILES
PRESIDENT**

2/15/01

Date

954-340-7740

Daytime Phone #

CR2E034 (10/00)