

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90996 013 \*\*\*158.75

DOCUMENT # *P00000055885*  
 1. Entity Name  
*Miller Kitchen Cabinet Corporation* ✓

Principal Place of Business Mailing Address  
*9811 NW 80 Ave* *SAME*  
*Bay # 76*  
*Hialeah Gardens, Florida, 33016*

*C0059312*

2. Principal Place of Business 3. Mailing Address  
*SAME* *SAME*  
 Suite, Apt. #, etc. *SAME* Suite, Apt. #, etc. *SAME*  
 City & State *SAME* City & State *SAME*

DO NOT WRITE IN THIS SPACE

4. FEI Number *65-1025250*  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 Name *Julio C. Miller*  
 Street Address (P.O. Box Number is Not Acceptable)  
*9811 NW 80 Ave*  
*Bay - 76*  
 City *Hialeah Gardens* FL Zip Code *33016*

7. Name and Address of New Registered Agent  
 Name *Julio C. Miller*  
 Street Address (P.O. Box Number is Not Acceptable)  
*9811 NW 80 Ave*  
*Bay - 76*  
 City *Hialeah Gardens* FL Zip Code *33016*

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 *Julio C. Miller - Director* DATE *4/19/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
Director	YOSUANDY MANUEL MILLOR	17525 NW P5 AVE	MIAMI - FLORIDA - 33015	<input type="checkbox"/>
Director	JULIO CESAR MILLOR	17125 NW WAVE	MIAMI, FLORIDA, 33015	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(X), 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]* DATE: *4/19/01* *(2015-1198897)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\* Note - We did not receive the original documents from your Department.