

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02-17-2003 90247 013 ****61.25
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P00000082756

1. Entity Name
REVEREND DANIEL MILLER CORPORATION



Principal Place of Business
417 N.W. 7 AVE
POMPANO, FL 33060

Mailing Address
P.O. BOX 733
POMPANO, FL 33060

2. Principal Place of Business

3. Mailing Address
2871 N W 9 Street

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State
Pompano Beach, Florida

Zip

Country

Zip
33069

Country
Broward

4. FEI Number
05-1005975

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, S. AYANNA
125-A N.E. 8 STREET
POMPANO, FL 33069

7. Name and Address of New Registered Agent

Name
Daniel A Miller
Street Address (P.O. Box Number is Not Acceptable)
2871 N W 9 Street
City
Pompano Beach FL Zip Code
33069

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, include a valid name of registered agent only if applicable.

NOTE: Registered Agent must remain in the state.

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
DP	MILLER, S. AYANNA	125-A NE 8 STREET	POMPANO, FL 33060	
DVP	MILLER, DANIEL A	2871 NW 9 STREET	POMPANO, FL 33069	☐ Delete
DS	MILLER, MICHAEL P	630 NE 82 TERR., #2	MIAMI, FL 331384037	☐ Delete
D	MILLER, BRUCE E	620 NW 8 AVE., #5	POMPANO, FL 33060	☐ Delete
DZVP	MILLER, IRA C	408 NW 18 AVE	POMPANO, FL 33069	☐ Delete
D	MILLER, HIRAN	1841 NW 4 AVE	POMPANO, FL 33060	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
DP				☒ Change ☐ Addition
DVP				☒ Change ☐ Addition
DST				☒ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

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 included 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 907, 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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/13/03

Corporate Phone #