

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90140 019 ***150.00

DOCUMENT # P01000026434

1. Entity Name

PATIEK INC.



DO NOT WRITE IN THIS SPACE

JUUB1450

2. Principal Place of Business

15994 NW 49 AVE

3. Mailing Address

3675 N. COUNTRY CLUB DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1907

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

AVENTURA FL

4. FEI Number

061612310

Applied For

☒ Not Applicable

Zip

33014

Country

USA

Zip

33180

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SEAN MILLER

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

3675 N. COUNTRY CLUB DR

City

AVENTURA

FL

Zip Code

33180

**DO NOT WRITE
IN THIS SPACE**

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]

3.22.03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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	PRESIDENT SEAN MILLER 3675 N. COUNTRY CLUB DR 1907 AVENTURA FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.22.03 (954) 691-6446

Date

Daytime Phone #

SEAN MILLER

CR2E034B (12/02)