

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91869 009 ***150.00

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

DOCUMENT # **P01000071231**

1. Entity Name
rhinomite, inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7522 Wiles Road

Suite, Apt. #, etc.

B108

City & State

Coral Springs, FL

Zip

33067

Country

USA

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1123441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sylvia Miller

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

6363 N W 106 Terrace

City
Parkland

FL

Zip Code
33076

**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, typed or printed 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 **President**

NAME **Sylvia Miller**

STREET ADDRESS **6363 N W 106 Terrace**

CITY - ST - ZIP **Parkland, FL 33076**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE **CEO**

NAME **Craig Miller**

STREET ADDRESS **6363 N W 106 Terrace**

CITY - ST - ZIP **Parkland, FL 33076**

TITLE

NAME

STREET ADDRESS

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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:

 **Craig Miller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

954-345-7896

Daytime Phone #