

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

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000074509

1. Entity Name

MILLER MORTGAGE INTERNATIONAL INC.

90123715

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
920 CORAL RIDGE DR

3. Mailing Address
920 CORAL RIDGE DR

Suite, Apt. #, etc.
#302

Suite, Apt. #, etc.
#302

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

4. FEI Number
55-0815586

Applied For
Not Applicable

Zip
33071

Country
USA

Zip
33071

Country
USA

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

7. Name and Address of Registered Agent

Name
A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City
MIAMI

FL

Zip Code
33131

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Paul Smith, Vice President 04-30-03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00;
After May 1 Fee is \$550.00;
Amended UBR is \$61.25
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

PD
CALERO, CARLOS A
920 CORAL RIDGE DR #302
CORAL SPRINGS FL 33071

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CARLOS A CALERO, PD

04-30-03

954-258-6432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)