

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90855 013 ***158.75

DOCUMENT # P02000099947

1. Entity Name
ANGELA S. MILLER, P.A.



Principal Place of Business
MIZNER PARK OFFICE TOWER
225 N.E. MIZNER BLVD., SUITE 300
BOCA RATON FL 33432

Mailing Address
MIZNER PARK OFFICE TOWER
225 N.E. MIZNER BLVD., SUITE 300
BOCA RATON FL 33432

2. Principal Place of Business
Mizner Park Office Tower
Suite, Apt. #, etc.
225 N.E. Mizner Blvd., Suite 300
City & State
Boca Raton FL

3. Mailing Address
Mizner Park Office Tower
Suite, Apt. #, etc.
225 N.E. Mizner Blvd., Suite 300
City & State
Boca Raton FL

Zip
33432 Country
USA

Zip
33432 Country
USA



☒ CHECK HERE IF MAKING CHANGES (registered agent)

4. FEI Number
03-0485811 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **Angela S. Miller, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
225 N.E. Mizner Blvd. Suite 300
City **Boca Raton** FL Zip Code **33432**

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 **Angela S. Miller** **Angela S. Miller** **2/14/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D MILLER, ANGELA S 225 N.E. MIZNER BLVD., SUITE 300 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Angela S. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03
Date

561-620-2669
Daytime Phone #

CR2E034 (10/02)