

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

05-05-2003 91881 002 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000103174

1. Entity Name
MILLS DIRECT, CORP.



90129050

Principal Place of Business
13499 BISCAYNE BLVD.
SUITE 1405
NORTH MIAMI, FL 33181

Mailing Address
13499 BISCAYNE BLVD.
SUITE 1405
NORTH MIAMI, FL 33181

2. Principal Place of Business
2611 Hollywood Blvd.
Suite, Apt. #, etc.

3. Mailing Address
2611 Hollywood Blvd.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Hollywood - FL
Zip
33020
Country
USA

City & State
Hollywood - FL
Zip
33020
Country
USA

4. FEI Number
14-1848315

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SINGER, RODOLFO
13499 BISCAYNE BLVD.
SUITE 1405
NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name
SINGER, RODOLFO
Street Address (P.O. Box Number is Not Acceptable)

2611 Hollywood Blvd.
City Hollywood FL Zip Code 33020

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 Rodolfo Singer

4-29-03

Signature of 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.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW WITH 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 PD
STREET ADDRESS SINGER, RODOLFO
CITY-ST-ZIP 13499 BISCAYNE BLVD. SUITE 1405
NORTH MIAMI, FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: RODOLFO SINGER

4-29-03

305 490-1889

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CH2E034 (10/02)