

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90131 047 ***550.00

DOCUMENT # P94000027735

1. Entity Name
THOMAS MILLER (MIAMI) INC.

Principal Place of Business

7205 NW 19TH ST
 CORP CTR DR SUITE 300
 MIAMI FL 33126
 US

Mailing Address

7205 NW 19TH ST
 CORP CTR DR., SUITE 300
 MIAMI FL 33126
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0488168**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **BRADSHAW, THOMAS J.**
 STREET ADDRESS **260 ASH ROAD**
 CITY-ST-ZIP **UPPER SADDLE RIVER NJ 07458**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **MICHAEL JARRETT**
 STREET ADDRESS **55 FRANKLIN DRIVE**
 CITY-ST-ZIP **PLAINS BORO, N.J. 08356**

TITLE **S** ☐ Delete
 NAME **GRAMMAS, DAVID J**
 STREET ADDRESS **433 EAST 56YH ST (2F)**
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☒ Addition
 NAME ☐ Change ☒ Addition
 STREET ADDRESS **Zip 10022**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BRADSHAW, THOMAS J.**
 STREET ADDRESS **26D ASH RD.**
 CITY-ST-ZIP **UPPER SADDLE RIVER NJ 07458**

TITLE ☐ Change ☒ Addition
 NAME ☐ Change ☒ Addition
 STREET ADDRESS **DELETE**
 CITY-ST-ZIP

TITLE **COTB** ☐ Delete
 NAME **DAVID W. MARTOWSKI**
 STREET ADDRESS **91 CENTRAL PARK WEST**
 CITY-ST-ZIP **NEW YORK NY 10023**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **CHAN, LAWRENCE C**
 STREET ADDRESS **3 PARKWOOD COURT**
 CITY-ST-ZIP **EDISON NJ 08837**

TITLE ☒ Change ☐ Addition
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **DELETE**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David J. Grammas**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 July 2002 **201**
557-7338
 Date Daytime Phone #

CR2E034 (4/02)