

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90172 035 ***550.00

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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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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 _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	DP	<input checked="" type="checkbox"/> Delete
NAME	BRADSHAW, THOMAS J.	
STREET ADDRESS	260 ASH ROAD	
CITY-ST-ZIP	UPPER SADDLE RIVER NJ 07458	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAMMAS, DAVID J	
STREET ADDRESS	433 EAST 56YH ST (2F)	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	COTB	<input type="checkbox"/> Delete
NAME	DAVID W. MARTOWSKI	
STREET ADDRESS	91 CENTRAL PARK WEST	
CITY-ST-ZIP	NEW YORK NY 10023	
TITLE	P	<input type="checkbox"/> Delete
NAME	JARRETT, MICHAEL	
STREET ADDRESS	55 FRANKLIN DR	
CITY-ST-ZIP	PLAINSBORO NJ 08356	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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: *David J. Grammas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 July 2003 201-557-7338
Date Daytime Phone #

CR2E034 (4/03)