

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90140 035 ***158.75

DOCUMENT # P94000061713

1. Entity Name
MILES ENTERPRISES, INC.

| | |
|--|---|
| Principal Place of Business 2024 NE 161ST STREET N. MIAMI BEACH FL 33193 US | Mailing Address 2024 NE 161ST STREET N. MIAMI BEACH FL 33162-4948 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|----------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0515864 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| CHIARATO, UGO V. 220 71ST STREET, STE#213 MIAMI BEACH FL 33141 | | | | Name UGO V. CHIARATO | | | |
| CHIARATO, UGO V. | | | | Street Address (P.O. Box Number is not acceptable) 220 71ST STREET - SUITE 213 | | | |
| | | | | City MIAMI BEACH, FL 33141 | | | |
| | | | | 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.

SIGNATURE *Ugo V. Chiarato - President* *Ugo V. Chiarato* *MARCH 29, 2000*
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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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 | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LAING, GLORIA | | | NAME | | | |
| STREET ADDRESS | 2024 NE 161ST STREET STE I | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | N. MIAMI BEACH FL 33193 | | | CITY-ST-ZIP | | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HILBERT, JOHN BAPTIST | | | NAME | | | |
| STREET ADDRESS | 2024 NE 161ST STREET STE I | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | N. MIAMI BEACH FL 33193 | | | CITY-ST-ZIP | | | |
| TITLE | T/S | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JASSET, THOMPSON | | | NAME | | | |
| STREET ADDRESS | 2024 NE 161ST STREET STE I | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | N. MIAMI BEACH FL 33193 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: *Ugo V. Chiarato - President* *02/07/2000* *305 948 4322*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)