2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 440 ROYAL PALM WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite 300

City & State

33401

PALM BEACH FL 33480-4142

505 S. Flagler Drive

West Palm Beach, FL

USA

Name

SUITE # 200

DOCUMENT # P94000080107

USA

6. Name and Address of Current Registered Agent

Principal Place of Business

2. Principal Place of Business 505 S. Flagler Drive

West Palm Beach, FL

MILLER, JACQUELINE S

13558 COLUMBINE AVE.

440 ROYAL PALM WAY

PALM BEACH FL 33480

Suite, Apt. #, etc.

Suite 300

City & State

Zip

33401

SUITE # 200

US

JACQUELINE S. MILLER, P.A.

WES	T PALM BEACH FL 33414						i	
		,	City West	Palm Bea	ch	FL	Zip Code 334	
8. The above	named entity submits this statement for the	purpose of changing its reg	istered office o	r registered age	ent, or both, in the State	of Florida		}
SIGNATURE .	Signature, typed or printed name of registered agent and to	tle if applicable. (NOTE: Reg	gistered Agent signat	ture required when rei	instating)	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 \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaig Trust Fund Contril	bution.	Added	O May Be to Fees	
11.	OFFICERS AND DIF	ECTORS	12.	AD	DITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11
TITLE	D	☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS	MILLER, JACQUELINE S 440 ROYAL PALM WAY SUITE 200		NAME STREET ADDRESS	1	Flagler Driv	-	300]
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP	West P	alm Beach, FI	33401		
TITLE NAME STREET ADDRESS	PS MILLER, JACQUELINE S 440 ROYAL PALM WAY, SUITE 200	☐ Delete	TITLE NAME STREET ADDRESS	505 S.	Flagler Driv	e, Suite	☐ Change 300	☐ Addition
CITY-ST-ZIP - +-	PALM-BEACH FL		CITY-ST-ZIP_	West-P	alm Beach, FI	33401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
13. I hereby	certify that the information supplied with thi on this report or supplemental report is tru rporation or the receiver or trusted empower, or on an attachment with an address, with					nder oath, that i a name appears in	Block 11 or	
SIGNAT	TURE: SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER OF I	DIRECTOR		2/8/80 Date	(561) 655	5-9500 aytime Phone #	

FILED Feb 21, 2000 8:00 am Secretary of State

02-21-2000 90008 010 ***150.00



DO NOT WRITE IN THIS SPACE

65-0532451

7. Name and Address of New Registered Agent

4. FEI Number

5. Certificate of Status Desired

Street Address (P.O. Box Number is Not Acceptable) 505 S. Plagler Drive, Suite 300

Applied For

\$8.75 Additional

Fee Required

Not Applicable