

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91273 014 ***150.00

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DOCUMENT # P95000065326

1. Entity Name
C.G. ORLANDO CORP.



Principal Place of Business
**6425 SW 135TH DRIVE
MIAMI FL 33156**

Mailing Address
**6425 SW 135TH DRIVE
MIAMI FL 33156**

2. Principal Place of Business
322 EAST CENTRAL BLVD

3. Mailing Address
C.G. ORLANDO P.O. MILLER.

Suite, Apt. #, etc.
APT 1615

Suite, Apt. #, etc.
P.O. BOX 560407

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32801

Country
USA

Zip
32856-0407

Country
USA

4. FEI Number
65-0609561

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MILLER, P O
6425 SW 135TH DRIVE 322 EAST CENTRAL BLVD
MIAMI FL 33156 APT 1615
ORLANDO, FL 32801**

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

Philip Orme Miller
PHILIP ORME MILLER, PRESIDENT

4/22/03
DATE

FILE NOW!!! 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, PHILIP ORME	
STREET ADDRESS	6425 SW 135TH DRIVE 322 EAST CENTRAL BLVD	
CITY-ST-ZIP	MIAMI FL 33156 APT 1615 ORLANDO, FL 32801	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLER, PHILIP ORME	
STREET ADDRESS	6425 SW 135TH DRIVE 322 EAST CENTRAL BLVD	
CITY-ST-ZIP	MIAMI FL 33156 APT 1615 ORLANDO, FL 32801	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PHILIP ORME MILLER, PRESIDENT

4/22/03 **407-841-3882**

Date Daytime Phone #

CR2E034 (10/02)