

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90283 014 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091877
1. Entity Name
A. DI MILLE, INC. ✓



Principal Place of Business
A.D. MILLE MADE IN ITALY
306 PLAZA REAL
BOCA RATON, FL 33432 US

Mailing Address
A.D. MILLE MADE IN ITALY
306 PLAZA REAL
BOCA RATON, FL 33432 US

90106044

2. Principal Place of Business
411 West Conference Drive
Suite, Apt. #, etc.

3. Mailing Address
411 West Conference Drive
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33486

Country
USA

Zip
33486

Country
USA

4. FEI Number
65-0714155

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MILLE, ANDREA DI
7747 23 86TH ST
#D402
MIAMI, FL 33143

7. Name and Address of New Registered Agent
Name
TIMOTHY H. KENNEY, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
120 Butler Street, Suite B
City West Palm Beach FL Zip Code 33407

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
TIMOTHY H. KENNEY
(NOTE: Registered Agent signature required when reinstating)

DATE
4/23/03

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 NAME STREET ADDRESS CITY-ST-ZIP	P DI, MILLE A 7705 S.W. 86TH STREET, SUITE 316-B MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DI MILLE, A 411 West Conference Drive Boca Raton, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:
ANDREA DI MILLE, President

DATE
4/23/03

Case
561-251-2150

Daytime Phone #

CR2E034 (10/02)