

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

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90176 037 ***150.00

DOCUMENT # **P97000050822**

1. Entity Name

Stephen T. Millan, P.A. (R)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9155 S. Dadeland Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 1412

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33156

Country

USA

Zip

Country

4. FEI Number

65-0761303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Stephen T. Millan

Street Address (P.O. Box Number is Not Acceptable)

9155 S. Dadeland Blvd

Suite 1412

City

Miami

FL

Zip Code

33156

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IN THIS SPACE**

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

Stephen T. Millan

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.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
Stephen T. Millan
9155 S. Dadeland Blvd**

**Suite 1412
Miami, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen T. Millan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/02

Date

305 670 9655

Daytime Phone #

CR2E034B (12/01)