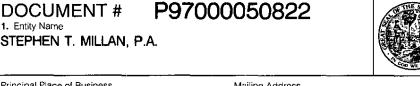
## **FILED** Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90976 014 \*\*\*150.00

2003	FOR	<b>PROFIT</b>	' CORP	ORATION
UNIFO	RM B	USINES	S REP	ORT (UBR



STEPHEN T. MILLAN, P.A. Principal Place of Business Mailing Address 9155 S DADELAND BLVD 9155 S DADELAND BLVD

**SUITE 1412 SUITE 1412** MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name



CHECK HERE IF MAKING CHANGES

 $\Box$ 5. Certificate of Status Desired 7. Name and Address of New Registered Agent

65-0761303

4. FEI Number

\$8.75 Additional Fee Required

Zip Code

Applied For

Not Applicable

MILLAN, STEPHEN T 9155 S DADELAND BLVD **SUITE 1412** MIAMI FL 33156

	<u>.                                    </u>
Street Address (P.O. Box Number is Not Acceptable)	
	<del></del>

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 ager SIGNATURE Signature, typed or printed na gistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAME MILLAN, STEPHEN T NAME STREET ADDRESS 9155 S DADELAND BLVD SUITE 1412 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP TITLE ☐ Change ☐ Delete DITLE Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE: