2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000102466 DOCUMENT #

I. Entity Name

STEVE MILLMAN EXPRESS, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90830 049 ***150.00

						WE THE						
Principal Place of Business 12650 NW 14 STREET SUNRISE FL 33323			Mailing Address 12650 NW 14 STREET SUNRISE FL 33323									
2. Principal Plad	ce of Busines	GS .	3. Mail	3. Mailing Address				} 305 03 C 10 0(0 06 4 06 31 4 0)	18 11011 BIBIG G		
Suite, Apt. #,	, etc.		Suite	Suite, Apt. #, etc.								
City & State			City	City & State			4. 1	FEI Number 65-0797351 Applied For Not Applicable				
Zip Country			Zip	<u> </u>	try	5. (8.75 Addi ee Required			
	6 Name a	nd Address of Currer	nt Registere	Registered Agent			7. Name and Address of New Registered Agent					
	U. Italiic a	na Address of Carre				Name				-		
MILLMAN, S				Street Ado			ss (P.O. Box Number is Not Acceptable)					
12650 NW						<u> </u>						
SUNRISE F	L 33323				•					1		
						City		•	FL	Zip Code	·	
8. The above n	named entity ons of register	submits this statement red agent.	for the purp	ose of changing its	s register	ed office or regis	tered ag	gent, or both, in the State of Florid	a. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or	printed name of registered age	ent and title if app	licable. (NO	TE: Registere	ed Agent signature requ	ired when r	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00			من من من					9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.0	O May Be	
Make Check	Pavable to	Florida Department	of State					Irust Fund Contribution.	_	710000		
10.		OFFICERS AN		IRS	11.		Αl	DDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTORS		ہ ا
	D			☐ Delete	TITL	E		·		Change	☐ Addition	F034 (10/02)
NAME 1	MILLMAN,				NAN							٤
		14 STREET				EET ADDRESS						Š
CITY _Q ST-ZIP	SUNRISE F	L 33323				Y-ST-ZIP				☐ Change	Addition	8
TITLE				☐ Delete	TITL					☐ Change	(C
NAME STREET ADDRESS						REET ADDRESS						
CITY-ST-ZIP					CIT	Y-ST-ZIP			_			
TITLE		<u>. </u>		☐ Delete	TITI	LE				☐ Change	Addition	
NAME					NAI	ME						
STREET ADDRESS						REET ADDRESS						
CITY-ST-ZIP			 -		CIT	Y-ST-ZIP						1
TITLE				☐ Delete	TIT					Change	☐ Addition	
NAME					NAI							
STREET ADDRESS	=		==-	<u> پورځ کې د سې د پر د د د د د د د د د د د د د د د د د </u>		REET ADDRESS Y-ST-ZIP		·			_	
CITY-ST-ZIP	<u></u>			□ Delete	TIT					☐ Change	Addition	1
TITLE				L_I Delete	NAI NAI							1
NAME STREET ADDRESS					STF	REET ADDRESS						
CITY-ST-ZIP					CIT	Y-ST-ZIP				,		
TITLE		<u> </u>	.,	☐ Delete	TIT	LE				☐ Change	Addition	
NAME					NA	I				•		
STREET ADDRESS					- 6	REET ADDRESS						
CITY-ST-ZIP						Y-ST-ZIP		4.5 an(a)/3 El 21 O		1:6. 4h e+ +h = 1	information	1
		and the second of	The state of the same	المناهدية مممونات	for the ov	omotion etated in	Section	n 119 07(3)(i). Florida Statutes, Lfi	urtner cer	urv triat the i	HOBBITION	1

12. Thereby 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:

Daytime Phone #