

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90472 042 ***158.75

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DOCUMENT # P98000041282

1. Entity Name
MICHAEL MILLER PLANNING ASSOCIATES INC.

Principal Place of Business
**10010 N.W. 59TH COURT
 PARKLAND FL 33076**

Mailing Address
**10010 N.W. 59TH COURT
 PARKLAND FL 33076**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7544 Wiles Road
 Suite, Apt. #, etc.
Suite C-202
 City & State
Coral Springs, Fla.

3. Mailing Address
7544 Wiles Road
 Suite, Apt. #, etc.
Suite C-202
 City & State
Coral Springs, Fla.

4. FEI Number **65-0840969** Applied For
 Not Applicable

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

Zip Country Zip Country
33067 USA 33067 USA

6. Name and Address of Current Registered Agent
**MILLER, JANET B
 10010 N.W. 59TH COURT
 PARKLAND FL 33076**

7. Name and Address of New Registered Agent
 Name *Michael J. Miller*
 Street Address (P.O. Box Number is Not Acceptable)
10010 NW 59th Court
 City *Parkland* FL Zip Code *33076*

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 *Michael J. Miller President* DATE *3/9/2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MILLER, JANET B 10010 NW 50TH COURT POMPANO BEACH FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.S</i> Miller, Janet B. 10010 NW 59th Court Parkland, Fla. 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BINKO, MARK J 1161 SW 14TH STREET BOCA RATON FL 33432 <input checked="" 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	VP MILLER, MICHAEL J 10010 NW 50TH CT PARKLAND FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PT</i> Miller, Michael J. 10010 NW 59th Court Parkland, Fla. 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J. Miller President* DATE: *3/9/2001* DAYTIME PHONE #: *954-757-9909*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)