

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/14

FILED
Sep 02, 2003 8:00 am
Secretary of State

08-14-2003 90070 037 ***550.00

DOCUMENT # P98000049181

1. Entity Name

MILLER REALTY & INVESTMENTS, INC.



Principal Place of Business
**3433 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308**

Mailing Address
**3433 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308**

55085369

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0878343

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, THOMAS M
2400 EAST COMMERCIAL BLVD.
SUITE 820
FORT LAUDERDALE FL 33307**

Name **DON P. MILLER**

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

3433 GALT OCEAN DR

City **FORT LAUDERDALE FL**

Zip Code **33308**

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

Don Paul Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/26/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, DON P
3433 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)