

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054909

1. Entity Name

R & B MILLEN ENTERPRISES, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90021 047 ***150.00

0114624

Principal Place of Business Mailing Address
2304 SW 60 WAY 16366 NW 18 ST
MIRAMAR FL 33023 PEMBROKE PINES FL 33028

751354

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIRAMAR FLA
Zip Country Zip Country
33023 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0865714 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLEN, RALPH
2304 SW 60 WAY
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/23/01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLEN, RALPH	
STREET ADDRESS	16366 NW 18 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLEN, JANET	
STREET ADDRESS	16366 NW 18 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	MILLEN, RALPH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2304 SW 60 WAY	
STREET ADDRESS		MIRAMAR FL 33023	
CITY-ST-ZIP			
TITLE	ST	MILLEN, JANET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2304 SW 60 WAY	
STREET ADDRESS		MIRAMAR FL 33023	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
Date

954-961-8133
Daytime Phone #

CR2E034 (10/00)