

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069989

1. Entity Name

SHB-BBQ MILLER CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90074 001 ***150.00

00001500



DO NOT WRITE IN THIS SPACE

Principal Place of Business 150 WEST FLAGLER STREET SUITE 2200 MIAMI FL 33130	Mailing Address 150 WEST FLAGLER STREET SUITE 2200 MIAMI FL 33130-1536
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2. Principal Place of Business 4862 NW 109 Place Suite, Apt. #, etc.	3. Mailing Address 4862 NW 109 Place Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0866857	Applied For Not Applicable
Zip 33178	Country U.S.	Zip 33178	Country U.S.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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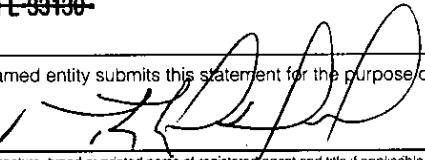
6. Name and Address of Current Registered Agent

~~FREED, OWEN S~~
~~150 WEST FLAGLER STREET~~
~~SUITE 2200~~
~~MIAMI FL 33130~~

7. Name and Address of New Registered Agent

Name
Mr. Roy Cox
Street Address (P.O. Box Number is Not Acceptable)
4862 NW 109 Place
City
Miami
FL
Zip Code
33178

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  DATE 04-27-00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD COX, ROY JR 14152 S.W. 93RD LANE MIAMI FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, CARLA A JR 150 WEST FLAGLER STREET, #2200 MIAMI FL 33130 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FREED, OWEN S SUITE 2200, 150 W. FLAGLER ST. MIAMI FL 33130 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4862 NW 109 Place Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4862 NW 109 Place Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE 04-27-00 DAYTIME PHONE # (305) 408-4666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)