

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106763

1. Entity Name

DINA MILLER, MD. & ASSOCIATES, P.A.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90058 042 ***150.00

Principal Place of Business

Mailing Address

955 NW 3RD ST.
 SUITE 830
 MIAMI FL 33128

955 NW 3RD ST.
 SUITE 830
 MIAMI FL 33128-1281

2. Principal Place of Business

317 NE 24th ST

Suite, Apt. #, etc.

3. Mailing Address

317 NE 24th ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33137

Country

US

Zip

33137

Country

US

4. FEI Number

65-0883568

OK

Applied For

Not Applicable

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

MILLER, DINA K
 955 NW 3RD ST.
 SUITE 830
 MIAMI FL 33128

Name

MILLER, DINA K

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

317 NE 24th ST.

City MIAMI FL

FL

Zip Code

33137

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, DINA K	
STREET ADDRESS	955 NW 3RD ST.	
CITY-ST-ZIP	MIAMI FL 33128	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DINA K.	
STREET ADDRESS	317 NE 24th ST.	
CITY-ST-ZIP	MIAMI FL 33137	
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

3/3/00 305-325-9529

Date

Daytime Phone #

CR2E034 (9/99)