

2000 UNIFORM BUSINESS REPORT (UBR)

7

DOCUMENT # P990000040660

1. Entity Name

ALAN MILLER CO.

Principal Place of Business

777 NORTHWEST 72ND AVENUE
SUITE 3AA7
MIAMI FL 33126

Mailing Address

777 NORTHWEST 72ND AVENUE
SUITE 3AA7
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0918883 200412

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSTD MILLER, ALAN 777 NORTHWEST 72ND AVENUE MIAMI FL 33126	<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
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 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
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 31, 2000 8:00 am
Secretary of State

07-25-2000 90005 037 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 15/001

Attachments

P9900004066-

108039

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

AMOUNT OF DEPOSIT (Do NOT type, please print.)

DOLLARS

CENTS

EIN 65-0918883 200412

ALAN MILLER CO
777 NW 72ND STE 3AA7
MIAMI FL 33126

IRS USE
ONLY

Darken only one
TYPE OF TAX

<input type="checkbox"/> 941	<input type="checkbox"/> 945
<input type="checkbox"/> 990-C	<input type="checkbox"/> 1120
<input type="checkbox"/> 943	<input type="checkbox"/> 990-T
<input type="checkbox"/> 720	<input type="checkbox"/> 990-PF
<input type="checkbox"/> CT-1	<input type="checkbox"/> 1042
<input type="checkbox"/> 940	

Darken only one
TAX PERIOD

<input type="checkbox"/> 1st Quarter
<input type="checkbox"/> 2nd Quarter
<input type="checkbox"/> 3rd Quarter
<input type="checkbox"/> 4th Quarter

62

07 2

Telephone number ()

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 10-96)