FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086164

1. Entity Name
MILLA AND ASSOCIATES TAX ACCOUNTANTS P.A.

FILED
04 JUL 27 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4691 N.W 9TH STREET		4691 N.W 9TH STREET	
Suite, Apt. #, etc. A-105		Suite, Apt. #, etc. A-105	
City & State MIAMI-FL.		City & State MIAMI-FL.	
Zip 33126	Country DADE	Zip 33126	Country DADE

DO NOT WRITE IN THIS SPACE
05-03-04 91046046 $150.00

4. FEI Number 65-0960397 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name MILLA PORFIRIO
Street Address (P.O. Box Number is Not Acceptable)
4691 N.W 9TH STREET A-105
City MIAMI. **FL** Zip Code 3312[illegible]

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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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.V.S.
NAME	MILLA PORFIRIO
STREET ADDRESS	4691 N.W 9TH STREET A-105
CITY-ST-ZIP	MIAMI-FL. 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/15/04 Daytime Phone # 305-710-7185