

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11739

1. Entity Name

JUDY MILLER, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90089 013 ***150.00

Principal Place of Business

11524 ST RD 84
DAVIE FL 33325
US

Mailing Address

11524 ST RD 84
DAVIE FL 33325-4022
US

2. Principal Place of Business

2667 Edgewater Dr.

Suite, Apt. #, etc.

3. Mailing Address

1112 Weston Road

Suite, Apt. #, etc.

271

City & State
Weston, Florida

Zip
33332

Country
USA

City & State
Weston, Florida

Zip
33326

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0314661

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JUDY
2667 EDGEWATER DR
WESTON FL 33332

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

Judy Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

March 3, 2000

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

D
MILLER, JUDITH
PO BOX 271 1112 WESTON RD
WESTON FL 33326

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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:

Judy Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy Miller *March 3, 2000*

Date

Daytime Phone #

954.349
9669