

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90154 029 ***158.75

DOCUMENT # V16826

1. Entity Name

MILLER, WIGGIN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~305 S. ANDREWS AVE~~
~~STE 840~~
~~FT. LAUDERDALE FL 33304~~~~305 S. ANDREWS AVE~~
~~STE 840~~
FT. LAUDERDALE FL 33301-1854
US

2. Principal Place of Business

2530 N. Federal Hwy

Suite, Apt. #, etc.

3. Mailing Address

2530 N Federal Hwy

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT Lauderdale FL

Zip

33305

Country

~~FL~~ **US**City & State
FT Lauderdale FL

Zip

33305

Country

US4. FEI Number
65-0326643

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, GEORGE Z.
299 N.W. 86TH TERRACE
CORAL SPRINGS FL 33071

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

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 State10. 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
WIGGIN, DEBORAH F.
910 S.E. 14TH ST.
DEERFIELD BEACH FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLER, GEORGE Z.
299 N.W. 86TH TERR.
CORAL SPRINGS FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****4/25/2000**

Date

954 390-6191

Daytime Phone #

CR2E034 (9/99)