

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65596

1. Entity Name

A. MILLER CONSTRUCTION CO.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90176 047 ***150.00

Principal Place of Business

216 CATALONIA AVE4
109J
CORAL GABLES FL 33134
US

Mailing Address

216 CATALONIA AVE
109J
CORAL GABLES FL 33134
US

2. Principal Place of Business

4900 SW 93 ST
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 143437
Suite, Apt. #, etc.

City & State

Coral Gables

City & State

Coral Gables

4. FEI Number

65-0362007

Applied For

Not Applicable

Zip

33156

Country

DADE

Zip

33114

Country

DADE

5. Certificate of Status Desired.

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, ARTHUR
216 CATALONIA AVE SUITE 109J
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ARTHUR MILLER

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

4900 SW 93 ST

City

Coral Gables

FL

Zip

33156

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

Arthur Miller

Arthur Miller

4-10-01

Signature, typed or printed name of registered agent and date 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, 2001 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 PD
NAME MILLER, ARTHUR
STREET ADDRESS 4933 S.W. 74TH COURT
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Miller Arthur ☐ Change ☐ Addition
NAME
STREET ADDRESS 4900 SW 93 ST
CITY-ST-ZIP Coral Gables 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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:

Arthur Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur Miller

Date

Daytime Phone #

4/10/01
3052840040

CR2E034 (10/00)