

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90874 040 ***150.00

DOCUMENT # P00000117106

1. Entity Name
MILLAN AUTO TECH INC.

Principal Place of Business Mailing Address
7236 NARCCOOSSEE ROAD 7236 NARCCOOSSEE ROAD
ORLANDO FL 32822 ORLANDO FL 32822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **18310 Belvedere Rd** 3. Mailing Address **18310 Belvedere Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Orlando FL** City & State **Orlando, FL**
 Zip **32820** Country **USA** Zip **32820** Country **USA**

4. FEI Number **59-3691340** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HOSKINS, RUSSELL K C.P.A.
209 NORTH GOLDEN ROD ROAD
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name **Millan, Jose N**
 Street Address (P.O. Box Number is Not Acceptable) **18310 Belvedere Road**
 City **Orlando** FL Zip Code **32820**

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 DATE **4/9/02**
Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, JOSE N	
STREET ADDRESS	4800 FT LEE CT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLAN, JOSE N.	
STREET ADDRESS	18310 Belvedere Rd	
CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: DATE **407/568-2225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

010/177 AV 3
 CR2E034 (9/01)