

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-15-2002 90010 026 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106601
1. Entity Name
INVERSIONES MILAZZO, CORP.

Principal Place of Business
**7149 N.W. 111 AVENUE
MIAMI FL 33178**

Mailing Address
**7149 N.W. 111 AVENUE
MIAMI FL 33178**



2. Principal Place of Business
10540 NW 26 ST

3. Mailing Address
10540 NW 26 ST

Suite, Apt. #, etc.
Suite 102 G

Suite, Apt. #, etc.
Suite G-102

City & State
MIAMI - FL

City & State
Miami - FL

Zip
FL-33178

Country
USA

Zip
33172

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-002-0611

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**VILAR, PATRICK
999 PONCE DE LEON BLVD
PH1120
CORAL GABLES FL 33134**

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ^{Jose} MENDEZ, LUIS M 7149 NW 111 AVENUE MIAMI FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, JOSE F AVE VENEZUELA, EDIFICIO VENEZUELA OF 18 EL ROSAL VENEZUELA VE VENEZUELA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPADARO, DOMINGO AVE VENEZUELA EDIFICIO VENEZUELA OF 18 EL ROSAL VENEZUELA VE VENEZUELA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, VICTORIANO AVE VENEZUELA EDIFICIO VENEZUELA OF 18 EL ROSAL VENEZUELA VE VENEZUELA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mendez, Jose M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Date _____ Daytime Phone # _____

CR2E034 (9/01)