

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

0006135 AV

DOCUMENT # P97000055137

1. Entity Name
MILLAN AUTO REPAIR CORPORATION

09-18-2001 90044 001 ***500.00
 09-18-2001 90044 002 ****50.00

Principal Place of Business Mailing Address
991 S STATE ROAD 7, C-4 **991 S STATE ROAD 7, C-4**
PLANTATION FL 33317 **PLANTATION FL 33317**

78522



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0767910 Not Applicable

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

6. Name and Address of Current Registered Agent

MILLAN, HUGO
991 S STATE ROAD 7, C-4
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name
 X **Millan, Hugo**

Street Address (P.O. Box Number is Not Acceptable)
 X **501 SW 27TH AVE**

City
 X **Ft. Lauderdale** FL Zip Code
33312.

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]* DATE **09-11-01.**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

TITLE = **PD** → **HUGO MILLAN.**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MILLIAN, HUGO 991 S STATE ROAD 7, C-4 PLANTATION FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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P.D.
Millan, Hugo Change Addition
501 SW 27TH AVE.
Ft. Lauderdale, FL. 33312.

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]* Date Daytime Phone #

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)