

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 422613**

1. Entity Name

MILORD DEVELOPMENT CORPORATION**FILED**
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90106 016 ***158.75

710735

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3600 S. CONGRESS AVE SUITE 1 BOYNTON BEACH FL 33426	Mailing Address 3600 S. CONGRESS AVE SUITE 1 BOYNTON BEACH FL 33426
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1469910	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent**MILORD, JEROME F
3600 S. CONGRESS AVE
SUITE 1
BOYNTON BEACH FL 33426****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) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	PAUL, MILORD J	
STREET ADDRESS	9801 S. INDUSTRIAL DRIVE	
CITY-ST-ZIP	BRIDGEVIEW IL 60455	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILORD, JEROME F.	
STREET ADDRESS	3600 S. CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILORD, KEVIN, T	
STREET ADDRESS	9801 S. INDUSTRIAL DR.	
CITY-ST-ZIP	BRIDGEVIEW, IL 00000 60455	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILORD, WILLIAM J	
STREET ADDRESS	3600 S. CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILORD, PHIL	
STREET ADDRESS	9801 S. INDUSTRIAL DRIVE	
CITY-ST-ZIP	BRIDGEVIEW IL 60455	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMAS, MICHAEL	
STREET ADDRESS	9801 S. INDUSTRIAL DRIVE	
CITY-ST-ZIP	BRIDGEVIEW IL 60455	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Milord 01/04/01

Date

561-738-1773

Daytime Phone #

CR2E034 (10/00)