

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 422613**

1. Entity Name

MILORD DEVELOPMENT CORPORATION

Principal Place of Business

**3600 S. CONGRESS AVE
SUITE I
BOYNTON BEACH FL 33426**

Mailing Address

**3600 S. CONGRESS AVE
SUITE I
BOYNTON BEACH FL 33426-8488**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILORD, JEROME F
3600 S. CONGRESS AVE
SUITE I
BOYNTON BEACH FL 33426**

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, 2000 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. REMOVE ALL OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	PAUL, MILORD J	
STREET ADDRESS	9801 S. INDUSTRIAL DRIVE	
CITY - ST - ZIP	BRIDGEVIEW IL 60455	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILORD, JEROME F.	
STREET ADDRESS	3600 S. CONGRESS AVE	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	MILORD, KEVIN, T	
STREET ADDRESS	9801 S INDUSTRIAL DR	
CITY - ST - ZIP	BRIDGEVIEW, IL 00000 60455	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	MILORD, WILLIAM J	
STREET ADDRESS	3600 S. CONGRESS AVE	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MILORD, PHIL	
STREET ADDRESS	9801 S. INDUSTRIAL DRIVE	
CITY - ST - ZIP	BRIDGEVIEW IL 60455	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	THOMAS, MICHAEL	
STREET ADDRESS	9801 S. INDUSTRIAL DRIVE	
CITY - ST - ZIP	BRIDGEVIEW IL 60455	

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

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90091 011 ***158.75

C0011490



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1469910

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CR2E034 (9/99)