

2002 UNIFORM BUSINESS REPORT (UBR)

102

0001184 AT

DOCUMENT # A01000001672

1. Entity Name

THE MILANO LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
378 SW 12TH AVE. DEERFIELD BEACH FL	378 SW 12TH AVE. DEERFIELD BEACH FL


2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

FILED

2002 NOV 25 AM 10: 02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 25, 2002

4. FEI Number APPLIED FOR ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIBOW, ALLEN H
1200 N. FEDERAL HWY., SUITE 301
BOCA RATON FL 33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	--	--

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000120387	STREET ADDRESS	200008533072 10/23/02--01005--004 **145.25
NAME	MILANO MANAGEMENT INC.	CITY-ST-ZIP	
STREET ADDRESS	378 SW 12TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **SIGNATURE REQUIRED**

Signature, typed or printed name of signing general partner

Date: 9/25/02 Daytime Phone #: 954-420-5000 #226

CR2E003 (4/02)

282

MILANO BROTHERS INTERNATIONAL

SCOT LEIGHTON SHANE

PHONE: (954) 420-5000 FAX: (954) 420-5005

September 24, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: The Milano Limited Partnership

To Whom It May Concern:

We did not receive the original form for filing the report. I have enclosed a check in the amount of \$145.25 to cover the filing fee for The Milano Limited Partnership. In a recent conversation with your office I was told that you might allow us to file with no late charges due to the fact that the first notice was not received.

Thank you in advance for your cooperation.



Scot Shane
Controller for Milano Brothers, Inc.

FILED
2002 NOV 25 AM 10:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA