

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90095 027 ***150.00

DOCUMENT # F30270

1. Entity Name
MILANO MOTORS, INC.

Principal Place of Business

**6016 NW 6TH AVE
 MIAMI FL 33127-1103**

Mailing Address

**889 NE 78 ST
 MIAMI FL 33138-4705
 US**

2. Principal Place of Business

5421 N.W 1st ave
 Suite, Apt. #, etc.

3. Mailing Address

889 NE 78 str.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, Fla

City & State

Miami, Fla.

4. FEI Number

59-2147083

Applied For

Not Applicable

Zip

33127

Country

Zip

33138

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMMOUD, IMAD
 6016 NW 6TH AVE
 MIAMI FL 33127**

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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	HAMMOUD, ABDUL	6016 NW 6TH AVE	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	IMAD HAMMOUD	6016 N.W. 6TH AVE.	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: **Imad Hammoud**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2000 (305)758-9999
 Date Daytime Phone #

CR2E034 (19/99)