2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F92000000653** Jan 14, 2000 8:00 am Secretary of State 1. Entity Name MILANO BROTHERS INTERNATIONAL CORPORATION 01-14-2000 90009 041 ***150.00 Mailing Address Principal Place of Business 378 SW 12TH AVENUE 378 SW 12TH AVENUE **DEERFIELD FL 33442-3106** DEERFIELD FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 13-1044608 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILANO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 378 SW 12TH AVENUE **DEERFIELD FL 33442** 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE MILANO, ROBERT NAME NAME STREET ADDRESS 378 S.W. 12TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH. FL ☐ Change Addition Delete TITLE TITLE GUIDUGLI, PIERO NAME NAME STREET ADDRESS 378 S.W. 12TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Change ~ □ . Delete TITLE TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 12 or Block 13 or Block 12 or Block 13 or Block 14 or Block 12 or Block 14 or Block 15 or Block 15

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2000

Daytime Phone #