

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90162 024 \*\*\*158.75

**DOCUMENT # G72018**  
 1. Entity Name  
**MILMAR CORPORATION OF ORLANDO**

|   |   |
|---|---|
| Principal Place of Business<br>P.O. BOX 574132<br>ORLANDO FL 32857-4132 | Mailing Address<br>P.O. BOX 574132<br>ORLANDO FL 32857-4132 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |                               |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br><b>59-2346318</b> | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                                | Country                       |



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**IBERTIS, GIOVANNI**  
**5350 HAWFORD CIRCLE**  
**ORLANDO FL 32812**

**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 \_\_\_\_\_ (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**

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | P                        | <input type="checkbox"/> Delete |
| NAME           | DAVY, MILTON             |                                 |
| STREET ADDRESS | AVE 3B-EDIF. NEPTUNE 67A |                                 |
| CITY-ST-ZIP    | MARACAIBO, VENEZUELA     |                                 |
| TITLE          | S                        | <input type="checkbox"/> Delete |
| NAME           | DAVY, LUZ M              |                                 |
| STREET ADDRESS | AVE 3B-EDIF. NEPTUNE 67A |                                 |
| CITY-ST-ZIP    | MARACAIBO VE             |                                 |
| TITLE          | V                        | <input type="checkbox"/> Delete |
| NAME           | IBERTIS, GIOVANNI        |                                 |
| STREET ADDRESS | 5350 HAWFORD CIRCLE      |                                 |
| CITY-ST-ZIP    | ORLANDO FL               |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

**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    |  |   |

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: GIOVANNI IBERTIS Date: 2/20/2000 (407) 856-4296

CDP/SP4 (1/99)