

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91342 022 ***150.00

DOCUMENT # H50347

1. Entity Name
 MILLARD INTERNATIONAL INC.

Principal Place of Business
 550 Biltmore Way
 Suite 1230
 Coral Gables, FL 33134

Mailing Address
 P. O. Box 811510
 Boca Raton, FL 33481-1510

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number 59-2542826

Applied For
☐ **\$8.75 Additional Fee Required**

5. Certificate of Status Desired ☐

00054329

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 LEVY, ANITA HORVATH
 6605 NW 24 Avenue
 Boca Raton, FL 33496

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. ☐ **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 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 PD ☐ Delete	NAME LEVY, JACK M	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS 550 Biltmore Way Ste 1230	CITY-ST-ZIP Coral Gables, FL 33134	STREET ADDRESS	CITY-ST-ZIP
TITLE CD ☐ Delete	NAME LEVY, ANITA H	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS 550 Biltmore Way Ste 1230	CITY-ST-ZIP Coral Gables, FL 33134	STREET ADDRESS	CITY-ST-ZIP
TITLE STD ☐ Delete	NAME BORKOWSKI, HARRIET	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS 550 Biltmore Way Ste 1230	CITY-ST-ZIP Coral Gables, FL 33134	STREET ADDRESS	CITY-ST-ZIP
TITLE D ☐ Delete	NAME LIGHT, JOHN D.	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS 550 Biltmore Way Ste 1230	CITY-ST-ZIP Coral Gables, FL 33134	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	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:  **Anita H Levy** **4/23/2001** **888 325-2526**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)