

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
 02-04-2002 90177 013 ***150.00

0394501 AV

DOCUMENT # J48821
 1. Entity Name
MIL-LAKE PARCEL I, INC.

Principal Place of Business	Mailing Address
4659 LAKE WORTH RD LAKE WORTH FL 33463	4659 LAKE WORTH RD LAKE WORTH FL 33463



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>4603 Lake Worth Rd</i>	3. Mailing Address <i>4603 Lake Worth Rd.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>above</i>	City & State <i>above</i>
------------------------------	------------------------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-2761126	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

KOEPPEL, JOEL P
222 LAKEVIEW AVENUE
#260
WEST PALM BEACH FL 33401

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	DSP ROSENTHAL, DANIEL 4659 LAKE WORTH RD. LAKE WORTH FL 33463		
	V KOEPPEL, JOEL P 222 LAKEVIEW AVENUE - #260 WEST PALM BEACH FL 33401		

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: *Daniel Rosenthal* *1-17-02* *561-642-8101*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)