

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J92672

1. Entity Name

MILAU, INC.

Principal Place of Business

Mailing Address

% MICHAEL CHERVENAK
55 E. PINE ST.
ORLANDO FL 32801

% MICHAEL CHERVENAK
55 E. PINE ST.
ORLANDO FL 32801-2617

2. Principal Place of Business

185 Holderness Dr.

3. Mailing Address

185 Holderness Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD FL.

City & State

LONGWOOD FL.

4. FEI Number

59-2847016

Applied For

Not Applicable

Zip

32779

Country

U.S.A.

Zip

32779

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHERVENAK, MICHAEL
55 E. PINE ST.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name CHERVENAK MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

185 Holderness Dr.

City

LONGWOOD

FL

Zip Code

32779

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

TITLE P ☐ Delete

NAME CHERVENAK, MICHAEL
STREET ADDRESS 185 HOLDERNESS DR.
CITY-ST-ZIP LONGWOOD FL

TITLE V ☐ Delete

NAME CHERVENAK, ANDREA
STREET ADDRESS 185 HOLDERNESS DR.
CITY-ST-ZIP LONGWOOD FL

TITLE VP ☐ Delete

NAME BLUM, SHELDON
STREET ADDRESS 63 ESCONDIDO BLDG. #6
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ST ☐ Delete

NAME BLUM, JACQUELINE
STREET ADDRESS 63 ESCONDIDO BLDG. #6
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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: Michael Chervenak Michael Chervenak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-05-00

407-682
2158

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90044 001 ***150.00



DO NOT WRITE IN THIS SPACE