FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

08-25-2002 90200 050 ****50.00
L01000019928

DOCUMENT # L01000019928

1. Entity Name

MILFORD TEA & COFFEE, LLC

DO NOT WRITE IN THIS SPACE

FILED
2002 SEP 26 AM 9:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

076151

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3267 Totall Oaks Ct.	3267 Totall Oaks Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32223 Country: Dual	Zip: 32223 Country: Dual

4. FEI Number: 59-3734642 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MISAIL ARAKELYAN

Street Address (P.O. Box Number is Not Acceptable): 3267 Totall Oaks Ct.

City: Jacksonville FL Zip Code: 32223

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, type 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) ☑

January 1st - May 1st Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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: MGRM NAME: MISAIL ARAKELYAN STREET ADDRESS: 3267 Totall Oaks Ct. CITY-ST-ZIP: Jacksonville, FL 32223	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: MGRM NAME: Rimma Serebranaya STREET ADDRESS: 3267 Totall Oaks Ct. CITY-ST-ZIP: Jacksonville, FL 32223	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #