

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90063 029 ***150.00

DOCUMENT # M22438
1. Entity Name MILANTO DEVELOPMENT Corporation

DO NOT WRITE IN THIS SPACE

B0093722

2. Principal Place of Business 7001 SW 61 AVE
Suite, Apt. #, etc.

3. Mailing Address P.O. Box 432050
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FLORIDA

City & State MIAMI, FLORIDA

4. FEI Number 59-2429705

Applied For
Not Applicable

Zip 33143

Country U.S.A.

Zip 33243

Country U.S.A.

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 ESTABEZ, MICHAEL

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

7001 SW 61 AVE.

City MIAMI

FL

Zip Code 33143

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

Linda F. Murphy
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-30-02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 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
NAME P MURPHY, LINDA
STREET ADDRESS 7001 SW 61 AVE
CITY- ST- ZIP MIAMI, FL. 33143

TITLE
NAME VP BANDELLA, NICHOLAI
STREET ADDRESS 7001 SW 61 AVE
CITY- ST- ZIP MIAMI, FL. 33143

TITLE
NAME ST ESTABEZ, MICHAEL
STREET ADDRESS 7001 SW 61 AVE
CITY- ST- ZIP MIAMI, FL. 33143

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Linda F. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
Date

(305) 266-4920
Daytime Phone #

CR2034B (12/01)