

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90004 004 \*\*\*150.00

**DOCUMENT # P00000053003**

1. Entity Name  
**MILANE CORPORATION**

Principal Place of Business

**2844 STIRLING ROAD  
 SUITE A  
 HOLLYWOOD FL 33020**

Mailing Address

**2844 STIRLING ROAD  
 SUITE A  
 HOLLYWOOD FL 33020**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2844 STIRLING ROAD**

Suite, Apt. #, etc.  
**SUITE A**

City & State  
**HOLLYWOOD FLORIDA**

Zip  
**33020**

Country  
**BROWARD**

3. Mailing Address

**2844 STIRLING ROAD**

Suite, Apt. #, etc.  
**SUITE A**

City & State  
**HOLLYWOOD FLORIDA**

Zip  
**33020**

Country  
**BROWARD**

4. FEI Number **59-3649096**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**COOKE, MARLENE  
 3423 SW 52ND AVENUE  
 HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name **MARLENE COOKE - EVITT**

Street Address (P.O. Box Number is Not Acceptable)  
**8221 SW 15th STREET**

**APT 1221**

City **PLATON**

**FL**

Zip Code  
**33324**

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

**MARLENE A COOKE-EVITT**

**4-20-02**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FO COOKE, INGRID 2439 NW 49TH TERRACE COCONUT CREEK FL 33063</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PR COOKE, RONALD 155 JOYCE ST SAFETY HARBOR FL 34695</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COOKE-EVITT, MARLENE 3423 SW 52ND AVENUE HOLLYWOOD FL 33023</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MARLENE A COOKE EVITT** **4-20-02** **(954) 577-8344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)