

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90192 031 \*\*\*150.00

0157494 AV

**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**



**2. Principal Place of Business**

**2844 STIRLING ROAD**

**3. Mailing Address**

**2844 STIRLING ROAD**

**Suite, Apt. #, etc.**

**SUITE A**

**Suite, Apt. #, etc.**

**SUITE A**

**City & State**

**HOLLYWOOD**

**City & State**

**HOLLYWOOD**

**Zip**

**Country**

**FL 33020**

**USA**

**Zip**

**Country**

**FL 33020**

**USA**

☐ CHECK HERE IF MAKING CHANGES

**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**  
**8281 SW 15TH STREET**  
**FORT LAUDERDALE FL 33324**

**7. Name and Address of New Registered Agent**

**Name** **MARLENE COOKE - EVITT**

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

**8281 SW 15th STREET APT-1221**

**PLANTATION**

**City**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

**Signature, typed or printed name of registered agent and title if applicable.**

**(NOTE: Registered Agent signature required when reinstating)**

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **FO** ☐ Delete  
**NAME** **COOKE, INGRID**  
**STREET ADDRESS** **2439 NW 49TH TERRACE**  
**CITY-ST-ZIP** **COCONUT CREEK FL 33063**

**TITLE** **PR** ☐ Delete  
**NAME** **COOKE, RONALD**  
**STREET ADDRESS** **155 JOYCE ST**  
**CITY-ST-ZIP** **SAFETY HARBOR FL 34695**

**TITLE** **P** ☐ Delete  
**NAME** **COOKE-EVITT, MARLENE**  
**STREET ADDRESS** **3423 SW 52ND AVENUE**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33023**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. 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**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**MARLENE COOKE - EVITT**

**4-20-03**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (10/02)