

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 25, 2001 8:00 am
Secretary of State

05-25-2001 90293 044 ***150.00

DOCUMENT # PC00000089971

1. Entity Name
MILAN SHOES INC.

Principal Place of Business - Mailing Address
18737 WEST DIXIE HWY NORTH
NMB, FL 33180

2. Principal Place of Business
18737 WEST DIXIE HWY NORTH

3. Mailing Address
Suite, Apt. #, etc.

City & State
NMB, FL

City & State
City & State

6. Name and Address of Current Registered Agent
MIZRACHI DAVID
18737 WEST DIXIE HWY NORTH
NMB, FL 33180

4. FEI Number
65-1042490

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

7. Name and Address of New Registered Agent
Name MIZRACHI DAVID
Street Address (P.O. Box Number is Not Acceptable)
18737 WEST DIXIE HWY NORTH
City NMB **FL** **Zip Code** 33180

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 David Mizrachi **DATE** 5/1/2001

Signature, typed or printed name of registered agent and title if applicable. (NOT - Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001: Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE <u>D</u> NAME <u>MIZRACHI DAVID</u> STREET ADDRESS <u>18737 WEST DIXIE HWY NORTH</u> CITY-ST-ZIP <u>NMB, FL 33180</u>	<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
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
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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: David Mizrachi **DATE** 5/1/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)