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

2002

FILED

02 DEC 23 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000089971**

1. Entity Name

MILAN SHOES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18737 W DIXIE HWY NORTH

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N-MIAMI BEACH FL

City & State

SAME

4. FEI Number

05-1042490

Applied For

Not Applicable

Zip

Country

33180

DADE

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID MIZRACHI

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

20300 WEST COUNTRY CLUB DR

City

AVENTURA

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

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

(NOTE: Registered Agent signature required when resigning)

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
MIZRACHI, DAVID
STREET ADDRESS
18737 W DIXIE HWY NORTH
CITY - ST - ZIP
N.M. BEACH, FL 33180

TITLE
NAME
000009149860
STREET ADDRESS
11/21/02-01064-004 **150.00
CITY - ST - ZIP

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

SIGNATURE:

David Mizrachi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

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MILAN SHOES INC.
18737 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180

November 14, 2002

Department of state
Division of Corporations
~~P.O. Box 6327~~
Tallahassee, FL 32314

Re: Corporation renewal

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. I was mainly working out of town for the few last months and I never received the notice, and only found out that my corporation had been administratively dissolved. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2002.

~~Thank you very much for your help and understanding.~~

Sincerely,

David Mizrahi

David Mizrahi
President