

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90874 040 ***150.00

DOCUMENT # P00000117106

1. Entity Name

MILLAN AUTO TECH INC.

Principal Place of Business

7236 NARCCOOSSEE ROAD
 ORLANDO FL 32822

Mailing Address

7236 NARCCOOSSEE ROAD
 ORLANDO FL 32822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

18310 Belvedere Rd

18310 Belvedere Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

Zip

32820

Country

USA

Zip

32820

Country

USA

4. FEI Number

59-3691340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOSKINS, RUSSELL K C.P.A.
 209 NORTH GOLDEN ROD ROAD
 ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name Millan, Jose N

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

18310 Belvedere Road

City

Orlando

FL

Zip Code

32820

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/02

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 **P** ☐ Delete
 NAME **MILLER, JOSE N**
 STREET ADDRESS **4800 FT LEE CT**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Millan, Jose N.**
 STREET ADDRESS **18310 Belvedere Rd**
 CITY-ST-ZIP **ORLANDO, FL 32820**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407/568-2225

CR2E034 (9/01)