

4/2/0

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90937 016 ***150.00

DOCUMENT # P01000010127

1. Entity Name

MILTON CONSTRUCTION COMPANY

Principal Place of Business

3711 SW 27 STREET
MIAMI FL 33134

Mailing Address

3711 SW 27 STREET
MIAMI FL 33134

26614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1078872

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESSLER, ROBERT I

150 W FLAGLER ST #2200
MIAMI FL 33130

Name

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

City

FL

Zip Code

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 date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PRESIDENT	HAZARD MITTON	6636 RIVIERA DRIVE	CORAL GABLES, FL 33146	☐
VICE-PRESIDENT	MAURICE MITTON	528 LUENGA AVENUE	CORAL GABLES, FL 33146	☐
SECRETARY	ALEXANDER MITTON	5610 E. JEUNE ROAD	CORAL GABLES, FL 33146	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐	☐
TITLE	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 all other like empowered.

SIGNATURE: X

HAZARD MITTON - PRES - 3/26/2002 305-444-8326

Date

Daytime Phone #

CR2E034 (9/01)