

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0351021 AV

DOCUMENT # P01000011922

1. Entity Name
MILAD, INC.



FILED

03 MAY -5 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13801 40 ST S
WELLINGTON FL 33414

Mailing Address
PO BOX 17350
PLANTATION FL 33318



2. Principal Place of Business

3. Mailing Address
2665 S. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 703

City & State

City & State
Miami, Florida

4. FEI Number 65-1076184

Applied For
Not Applicable

Zip

Country

Zip
33133

Country
USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 S BAYSHORE DR
SUITE 703
MIAMI FL 33133

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

SIGNATURE _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME TUBITO, VINCENT
STREET ADDRESS 4280 SW 109TH AVE
CITY-ST-ZIP DAVIE FL 33328

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/D ☐ Change ☒ Addition
NAME Arguetty, Isaac
STREET ADDRESS 2665 S. Bayshore Drive, Suite 703
CITY-ST-ZIP Miami, Florida 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition
NAME Richards, Timothy D.
STREET ADDRESS 2665 S. Bayshore Drive, Suite 703
CITY-ST-ZIP Miami, Florida 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Timothy D. Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy D. Richards 4/16/03 (305) 858-9900

Date Daytime Phone #

CR2E034 (10/02)