

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90385 032 ***158.75

DOCUMENT # P01000075658

1. Entity Name

MILIAN AND SONS, INC

DO NOT WRITE IN THIS SPACE

90068769

2. Principal Place of Business

6930 N W 186 STREET

Suite, Apt. #, etc.

APT. # 206

City & State

MIAMI LAKES, FL 33016

Zip

Country

U S A

3. Mailing Address

6930 N W 186 STREET

Suite, Apt. #, etc.

APT. # 206

City & State

MIAMI LAKES, FL 33015

Zip

Country

U S A

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1125739

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTHA Villamizar

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

6930 N W 186 STREET

MIAMI LAKES, FLORIDA

City

FL

Zip Code

33015

**DO NOT WRITE
IN THIS SPACE**

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 Martha Villamizar

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-15-03

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

STREET ADDRESS

CITY-ST-ZIP

P/D

Idalio Milian

6930 N. W. 186 STREET Apt. # 206

Miami Lakes, Florida 33015

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S/D

Martha Villamizar

6930 N. W. 186 STREET Apt. #206

Miami Lakes, Florida 33015

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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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: *Idalio Milian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-15-03

CR2E034B (12/01)