

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90078 045 ***150.00

DOCUMENT #	P01000095518
1. Entity Name	
Milon Enterprises Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5401 W. IRLO Bronson HWY 192 Ste 90			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Kissimmee, FL			
Zip	Country	Zip	Country
34746			

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3748211	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name	Ahmad, Mohammad Fiaz
Street Address (P.O. Box Number is Not Acceptable)	5401 W. IRLO Bronson Hwy 192 Ste 10-14-90
City	FL
Kissimmee	Zip Code 34746

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	Director
NAME	Ahmad, Mohammad Fiaz
STREET ADDRESS	5401 W. IRLO Bronson Hwy 192 Ste 10-14-90
CITY-ST-ZIP	Kissimmee, FL - 34746
TITLE	
NAME	
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IN THIS SPACE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/14/02 (407) 460-2085