

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90363 037 ***150.00

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DOCUMENT # P01000100477

1. Entity Name
PETER D. MILANA, P.A.



Principal Place of Business
**700 W. PALMETTO PK. RD.
109
BOCA RATON FL 33433**

Mailing Address
**16520 SOUTH POST ROAD. #104
WESTON FL 33331**



2. Principal Place of Business

3. Mailing Address

62 INDIAN TRACE #219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#219

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Weston, FL.

4. FEI Number **31-1807536**

Applied For

Not Applicable

Zip

Country

Zip

Country

33326

USA

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

**MILANA, PETER D
16520 SOUTH POST ROAD, #104
WESTON FL 33331**

Name

MILANA, PETER D.

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

62 INDIAN TRACE

#219

City

Weston

FL

Zip Code

33326

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

Peter D. Milana - Pres.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
MILANA, PETER D
16520 SOUTH POST ROAD, #104
WESTON FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
MILANA, PETER D
62 INDIAN TRACE, #219
Weston, FL 33326** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MILANA, PETER D
16520 SOUTH POST ROAD, #104
WESTON FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MILANA, PETER D
62 INDIAN TRACE #219
Weston FL 33326** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Peter D. Milana - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/03

954-608-0538

CR2E034 (10/02)