

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90162 018 ***150.00

DOCUMENT # P02000017221

1. Entity Name

MILY'S ARTS & CRAFTS CORPORATION



Principal Place of Business

**15006 S.W. 104TH STREET #2514
MIAMI FL 33196**

Mailing Address

**15006 S.W. 104TH STREET #2514
MIAMI FL 33196**

2. Principal Place of Business

10630 S.W 157ct

3. Mailing Address

10630 S.W 157ct

Suite, Apt. #, etc.

#16 #104

Suite, Apt. #, etc.

#16 #104

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33196

Country

USA

Zip

33196

Country

USA

4. FEI Number

431951790

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TOMASELLI, PABLO H

15006 S.W. 104TH STREET #2514

MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

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

10630 S.W 157ct #16 #104

City **Miami**

FL

Zip Code **33196**

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

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

TITLE **PD** ☐ Delete
NAME **TOMASELLI, PABLO H**
STREET ADDRESS **15006 S.W. 104TH STREET #2514**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **VPD** ☐ Delete
NAME **PRESSOIR, AXEL**
STREET ADDRESS **14336 SW 98 TERRACE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **STD** ☐ Delete
NAME **TOMASELLI, MILAGROS M**
STREET ADDRESS **15006 SW 104 STREET, APT 2514**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **D** ☐ Delete
NAME **PRESSOIR, CLARENS D.**
STREET ADDRESS **14336 SW 98TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10630 S.W 157ct. #16 #104**
CITY-ST-ZIP **Miami, FL 33196**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **10630 S.W 157ct #16 #104**
CITY-ST-ZIP **Miami, FL 33196**

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/03

Date

305-385-6743

Daytime Phone #

CR2E034 (10/02)