FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91164 047 \*\*\*150.00

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1. Entity Name

MILAN GAVRILOVIC MIGA ENTERPRICES INC.



## DO NOT WRITE IN THIS SPACE

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2. Principal Pl	ace of Business AIN TREE LW	3. Mailing Address 13(6 AINTE						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	2	City & State		4. FEI Number	Applied For			
	yassee FL	TALLAHAS	SEE FL	01-0737138	Not Applicable			
3230		Zip 32303	Country		8.75 Additional ee Required			
<u>-,</u>	Control of the Contro		7. Name and Address of Current Registered Agent					
			Name					
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)					
	IN THIS SP	'AUE						
			City	FL	Zip Code			
				<u></u>	niliar with, and accept			
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s registered office or registe	ered agent, or both, in the State of Florida. I am far	niliai witii, and accept			
ule obligati	ions of registered agent.							
SIGNATURE .	•							
A %	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating) DATE	<u> </u>			
, Jar	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00			9. Election Campaign Financing	\$5.00 May Be			
1.0	Amended UBR is \$61.25			Trust Fund Contribution.	Added to Fees			
Make Check	Payable to Florida Department o		and the second of the second o					
10.	OFFICERS AND	DIRECTORS						
TITLE	President		TITLE					
NAME OXPREST ADDRESS	Man Gunton LN		NAME STREET ADDRESS		5			
STREET ADDRESS CITY-ST-ZIP	Milan Garilone 1316 Aintre LN Tallahance Fl 3	12303	CITY ST-21P		the Court of District Court of the Court of			
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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:

CITY-ST-ZIP

MAN CANALOUIL

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04/30/03

850. 228. 644

Daytime Phone #

R2E034B (12/02)