

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

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

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

DOCUMENT # **P02000029015**

1. Entity Name  
**MILAN GAVRILOVIC**  
**MIGA ENTERPRISES INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1316 AINTREE LN**  
Suite, Apt. #, etc.

3. Mailing Address  
**1316 AINTREE LN**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**TALLAHASSEE FL**  
Zip  
**32303**

Country  
**LEON**

City & State  
**TALLAHASSEE FL**  
Zip  
**32303**

Country  
**LEON**

4. FEI Number  
**01-0737138**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Milan Gavrilovic</b> <b>1316 Aintree Ln</b> <b>Tallahassee FL 32303</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
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: **MILAN GAVRILOVIC** PRESIDENT **04/30/03** **850.228.6442**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)