

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90303 047 ***150.00

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

DOCUMENT # P02000048342

1. Entity Name

MILONUR CORPORATION



90102604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2418 Polk Street

3. Mailing Address

2418 Polk Street

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33020

Country

U.S.A.

Zip

33020

Country

U.S.A.

4. FEI Number

71-0881459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name NURSE, JOHNATTAN

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

2418 Polk Street Suite 201

City Hollywood

FL

Zip Code
33020

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

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 P
NAME NURSE, JOHNATTAN
STREET ADDRESS 2418 Polk St. Suite 201 Hollywood, FL 33020
CITY-ST-ZIP

TITLE TS
NAME OLIM, LEDDY
STREET ADDRESS 2418 Polk St. Suite 201 Hollywood, FL 33020
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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:

Johnnattan NURSE

4/25/2003

954-920-9923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2003048 (10/02)