FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90772 007 ***150.00

DOCUMENT # P93000002260

1. Entity Name
MIAMI MILANO CORPORATION

041044

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2. Principal Place of Business	3. Mailing Address
MIAMI MILANO CORP	780 NE 69 STREET
Suite, Apt. #, etc. 1601 NE 2 AVENUE	Suite, Apt. #, etc. APT 1510
City & State MIAMI FL	City & State MIAMI FL
Zip 33132 Country DADE	Zip 33138 Country DADE

4. FEI Number 65-0380643 ☐ Applied For ☐ Not Applicable

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

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

Name VICTOR SALA

Street Address (P.O. Box Number is Not Acceptable) 780 NE 69 STREET SUITE 1510

City MIAMI FL Zip Code 33138

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FERSINI, GIACOMO VP 1601 NE 2nd AVE MIAMI FL 33132
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GOLDSTEIN, LEROY VPS 1601 NE 2 nd AVENUE MIAMI FL 33132
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GAMBETTE, ROBERTO P 1601 NE 2nd AVENUE MIAMI FL 33132
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ VICTOR A SALA 4/16/02 305 7573500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #