

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000002015**

1. Entity Name

MILLIGAN & SPARROW, INC.**FILED****Jan 24, 2001 8:00 am**
Secretary of State

01-24-2001 90089 011 ***150.00

Principal Place of Business

8500 SW 100TH STREET
MIAMI FL 33156

Mailing Address

POST OFFICE BOX ~~561047~~ 565266
MIAMI FL 33256-1047
US

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 565266

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

33256-5266

Country

USA

4. FEI Number

65-0554670

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFSON, DAVID A
11513 SW 90TH TERR
STE. 209
MIAMI FL 33176

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.

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SPARROW, JOEL**
CITY-ST-ZIP **8500 SW 100TH STREET**
MIAMI FL 33156TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **R. Joel Sparrow**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-15-01

Daytime Phone #

305-274-4133

CR2E034 (10/00)