

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90180 012 ***150.00

DOCUMENT # **P95000067472**



1. Entity Name
MARY MILVIA CORPORATION

Principal Place of Business
**14816 SW 139 STREET
MIAMI FL 33196**

Mailing Address
**14816 SW 139 STREET
MIAMI FL 33196**

22003439



2. Principal Place of Business
2315 N.W. 107 Ave #8A
Suite, Apt. #, etc.

3. Mailing Address
2315 N.W. 107 Ave #8A
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami Fl. 33172

City & State
Miami Fl. 33172

4. FEI Number
65-0621433

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIDALGO, EUGENIO A
14816 SW 139 STREET
MIAMI FL 33196**

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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-31-03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HIDALGO, EUGENIO A.	
STREET ADDRESS	14816 SW 139 STREET	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	HIDALGO, ARGELIS	
STREET ADDRESS	14816 SW 139 STREET	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-03
Date Daytime Phone #

CR2E034 (10/02)