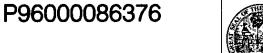
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 





Apr 14, 2003 8:00 am \$ Secretary of State 04-14-2003 90346 012 \*\*\*150.00

**FILED** 

<ol> <li>Entity N</li> </ol>	vame		
MILC	INDLISTRIES	SINC	

Principal Place of Business

Mailing Address

9510 W ELM MIRAMAR FL		9510 W ELM LANE MIRAMAR FL 33025					I <b>A</b> Eli <b>A</b> Elisti	40 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	سه مسمسسی دیگه د د د	*	~ <del>~~</del>						~
2. Principal P	lace of Business	3. Mailing Address	W42.	AVE	) (86)(89) (36 (8)(8 6)(4) 88()) <b>9</b>	Riif Baiti aarbi iai	<b>in a</b> li <b>na</b> liili	18010 0141 1901	
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.			CHECK HERE	IF MAKING C	HANGES		
Op & State	ocka FZ	City & State LochA FZ		<del>5</del> 4.	4. FEI Number 65-0718503			Applied For Not Applicable	
7 <sub>Zip</sub> 3305	Zio Country US		3054 Country US		5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New R	legistered Ag	ent		1
			Name						
	O, MANUEL J		Street A	ddress (P.O.	Box Number is Not Acceptable	:)			1
	ELM LANE				<del></del>				-
MIRAMAH	R FL 33025								
			City		•	FL	Zip Cod	е	ļ
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or	registered a	gent, or both, in the State of Flo	orida. I am fan	niliar with,	and accept	1
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NOTE	E: Registered Agent signatu	ure required when	reinstating)	DATE			}
After	ILE-NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State	و پیستندوند در ایرونداند و او		9. Election Campaign Fir  Trust Fund Contributio	n. 🗆	Added	May Be I to Fees	
10.	OFFICERS AND		11.	A	DDITIONS/CHANGES TO OFF		_		۾ ا
NAME STREET ADDRESS CITY-ST-ZIP	D CORDERO, MANUEL J 9510 W ELM LANE MIRAMAR FL 33025	☐ Delete			VW 42 AV CKA, FL 33054	_	Change	☐ Addition	E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDERO, MANUEL E 9510 W ELM LANE MIRAMAR FL 33025	☐ Delete	TITLE NAME		NW 42 AV XXA, FL 33059		Change	Addition	200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILONALITE GOODE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPA-LO	CAR, PC JOY)		☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		] Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE  NAME				☐ Change	Addition	-
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS: CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 thistee empowered to execute this report as required by Chapter 60°, Florida Statutes; and that my pame appears in Block 10 or Block 11 if changed, or on an attachment with anaddress, with all other like empowered.

**SIGNATURE**