

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009938

1. Entity Name

Milano-Palm Beach Investments, Inc.

Principal

Milano-Palm Beach Investments
3560 South Ocean Blvd Suite #709
South Palm Beach, FL 33480

2. Principal Place of Business

3560 S Ocean Blvd

Suite, Apt. #, etc.

Suite 709

City & State

S. Palm Beach

Zip

33480

Country

USA

3. Mailing Address

3560 S. Ocean Blvd

Suite, Apt. #, etc.

Suite 709

City & State

S. Palm Beach

Zip

33480

Country

USA

4. FEI Number

65-0724228

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

Fabio Grisorio
3560 S. Ocean Blvd #709
S. Palm Beach, FL 33480

7. Name and Address of New Registered Agent

Name

Fabio Grisorio

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

3560 S. Ocean Blvd

709

City

S. Palm Beach

FL

Zip Code
33480

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

Fabio Grisorio

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/2000

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, 2000 Fee will be \$550.00
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

PD
Grisorio, Fabio
3560 S. Ocean Blvd #709
S. Palm Beach, FL 33480

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Fabio Grisorio

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2000 561/697-0877

DATE

Daytime Phone #

CR2E034 (9/99)