2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P97000045976

FILED May 12, 2003 8:00 am Secretary of State

05-12-2003 90916 001 ***750.00

	MILLY CORPORATION					. *	
Principal Plan 1521 ALTON 122	ce of Business RD	Mailing Address 1521 ALTON RD 122	<u>-</u>	<u> </u>	550	40167	
MIAMI FL 331	139	MIAM! FL 33139				H 11	
2. Principal	Place of Business	3. Mailing Address	_				i ileje kili idal
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.	-		☐ CHECK HERE IF N	MAKING CHANGE	s
City & Sta	ite	City & State			4. FEI Number 65-08 13456		Applied For
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired	\$8.75 A	dditional
	8. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Regis	stered Agent	
	<u></u>			Name			
SILVA, ROY 1521 ALTON RD			Street Address		P.O. Box Number is Not Acceptable)		
122							
MIAMI FL	33139			City		FL Zip Co	de .
	named entity submits this statement tions of registered agent.	for the purpose of changing it	s registere	ed office or registere	ed agent, or both, in the State of Florida	I am lamiliar with	, and accept
_	· -						İ
SIGNATURE	Signature, typed or printed name of registered age	nt and tide if applicable. (NO	TE: Registered	d Agent signatura required	when reinstating)	DATE	
: Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department			چي د يم امري	9. Election Campaign Financ Trust Fund Contribution.	·	00 May Be ed to Fees
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	1S IN 11
	PSD	D DIRECTORS Delete	11.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	S IN 11
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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

MUNATURE REQUIRED

4/11/03

30 (-604 1903

Daytime Phone *