

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038458

1. Entity Name

MILANO ITALIAN FASHION, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90044 001 ***150.00

Principal Place of Business

Mailing Address

90 MIRACLE MILE
CORAL GABLES FL 33134
US

90 MIRACLE MILE
CORAL GABLES FL 33134-5404
US

2. Principal Place of Business

3. Mailing Address

19701 E. Country Club Dr
Suite, Apt. #, etc. 5-303

19701 E. Country Club Dr
Suite, Apt. #, etc. 5-303



DO NOT WRITE IN THIS SPACE

City & State

City & State

AVENTURA - FL

AVENTURA FL

Zip 33180

Country

USA

Zip 33180

Country

USA

4. FEI Number

65-0833085

Applied For

Not Applicable

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

MAINELLA, CARLA
19655 E COUNTRY CLUB DR
#203
AVENTURA FL 33180

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVTs ☐ Delete
NAME MAINELLA, CARLA
STREET ADDRESS 19655 E COUNTRY CLUB DR, #203
CITY-ST-ZIP AVENTURA FL 33180

TITLE PVTs ☐ Change ☐ Addition
NAME MAINELLA, CARLA
STREET ADDRESS 19701 E. Country Club Dr 5-303
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 (305) 733-6827

CR2E034 (9/99)