

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90086 013 ***158.75

064623 SP

DOCUMENT # P98000038458

1. Entity Name

MILANO ITALIAN FASHION, INC.

Principal Place of Business

Mailing Address

**13701 E COUNTRY CLUB DR
 5-303
 AVENTURA FL 33180
 US**

**13701 E COUNTRY CLUB DR
 5-303
 AVENTURA FL 33180
 US**



2. Principal Place of Business

13701 E COUNTRY CLUB DR

3. Mailing Address

13701 E COUNTRY CLUB DR

Suite, Apt. #, etc.

5-303

Suite, Apt. #, etc.

5-303

City & State

AVENTURA FL

City & State

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

**MAINELLA, CARLA
 13701 E COUNTRY CLUB DR #303
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

MAINELLA, CARLA

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

13701 E COUNTRY CLUB DR #303

City

AVENTURA

FL

Zip Code

33180

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, 2002 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	PVTS MAINELLA, CARLA 13701 E COUNTRY CLUB DR, 5-303 AVENTURA FL 33180	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Carla Mainella
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/02

Date

(786) 683-9808

Daytime Phone #

CR2E034 (9/01)