2001 UNIFORM BUSINESS REPORT (UBR)

AND TYPED OF

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P98000058986 1. Entity Name MILANO GROUP, INC. 04-16-2001 90065 039 ***150.00 Principal Place of Business Mailing Address C/O AMIR SABET C/O AMIR SABET 73 S. ROSCO RD 73 S. ROSCO RD. PONTE VEDRA FL 32082 PONTE VEDRA FL 32082 UUU37280 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3519844 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent ---Sabet トM1c Street Address (P.O. Box Number is Not Acceptable) LONGS LANDING RD. E SONVILLE FL 32225 8. The above named entity subports this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 3/18/01 CBO Amic SIGNATURE FILE NOW!!! FEE 16 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so... After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution,---Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. MILE CR2E034 (10/00) Delete TITLE Change Change ☐ Addition SABET, AMIR NAME NAME SABET, AMI STREET ADDRESS 112 SEASIDE CIR RD STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-7IP 32082 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this flig 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 the 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 ac add -24Rc SIGNATURE: