2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91217 032 ***150.00

DOCUMENT # P98000061107

1. Entity Name
MILESTONE CONSTRUCTION CONTRACTORS, INC.

Principal Place of Business
~~443 NE 139TH ST.~~
~~MIAMI FL 33161~~

Mailing Address
~~443 NE 139TH ST.~~
~~MIAMI FL 33161~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 801 N.W. 62ND ST.
Suite, Apt # etc
City & State: MIA. FL.
Zip: 33150 Country: DADE

3. Mailing Address: P.O. BOX 510173.
Suite, Apt. #, etc
City & State: MIAMI, FL.
Zip: 33151 Country: DADE

4. FEI Number 65-0849362 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**
ATKINS, ANTHONY K
~~443 NE 139TH ST.~~
~~MIAMI FL 33161~~
1651 NE 115th ST Apt. C-33
MIA. FL. 33181

7. **Name and Address of New Registered Agent**
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 ____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	OPST ATKINS, ANTHONY K 443 NE 139TH ST. MIAMI FL 33161	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ATKINS, ANTHONY K 443 NE 139TH ST. MIAMI FL 33161	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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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
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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: A. K. Atkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[redacted]

4-30-02 (786) 486-2714