

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90098 048 ***150.00

DOCUMENT # P98000097970

1. Entity Name

TOM R. MILANA MARIA ELENA MILANA, P.A.

Principal Place of Business

**1790 WEST 49TH STREET
 SUITE 310
 HIALEAH FL 33012**

Mailing Address

**1790 WEST 49TH STREET
 SUITE 310
 HIALEAH FL 33012**

2. Principal Place of Business

7000 W. PALMETTO PARK RD

3. Mailing Address

620 CASCADE FALLS DR

Suite, Apt. #, etc.

109

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

WESTON, FL

4. FEI Number

65-0883861

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33327

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILANA, MARIA ELENA
 1790 WEST 49TH STREET
 SUITE 310
 HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name **TOM R. MILANA**

Street Address (P.O. Box Number is Not Acceptable)
620 CASCADE FALLS DR

City **WESTON**

FL

Zip Code **33327**

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

2/4/02

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 ☐ Delete
 NAME **PTD MILANA, TOM R**
 STREET ADDRESS **1790 WEST 49TH STREET**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
 NAME **VSD MILANA, MARIA ELENA**
 STREET ADDRESS **1790 WEST 49TH STREET**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED THOMAS R. MILANA, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/4/02** (587782-6867)

CR2E034 (9/01)