2001 UNIFORM BUSINESS REPORT (UBR)

STF FL32381F.1

FILED May 31, 2001 8:00 am Secretary of State

DOCUMENT # P99000059035 1. Entity Name			05-31-2001 90006 002 ***150.00	
MILWAT CORPORATION DBA WATKINS PAINT				
Principal Place of Business	Mailing Address		7	
2951 W BROWARD BLVD PO BOX 120218				
FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312				
2 Dispiral Place of Dunings			00057232	
2. Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number 65 – 0932619	Applied For Not Applicable
Zip Country	Zip	Country		8.75 Additional
I 6. Name and Address of	Current Registered Agent	11	7. Name and Address of New Registered A	ee Required
Name Name			7. Name and Address of New Registered A	gent
RICHARD H. BREIT		Street Address	(P.O. Box Number is Not Acceptable)	== =
3111 STIRLING ROAD		1	- 1	
FT LAUDERDALE FL 3	3312	City		Zin Codo
		City	<u> </u>	Zip Code
8. The above named entity submits this statement for the purpose of changir g 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 Control of the control				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 201 Fee wi Make Check Payable to Depart		FEE IS \$150.00 1 Fee will be \$550.00 e to Department of S		\$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11
TITLE PRESIDENT Delete		TITLE NAME		Change Addition
STREETADDRESS 12444 NW 63RD ST		STREET ADDRESS		DIRECTORS IN 11 Change Addition
CITY-ST-ZIP CORAL SPRINGS FL 33076		CITY - ST - ZIP .		
TITLE NAME	Delete	TITLE NAME		Change Addition
STREETADDRESS		STREETADDRESS		i
CITY - ST - ZiP		CITY - ST - ZIP		
TITLE Delete TITLE NAME NAME		TITLE NAME		Change Addition
STREET ADDRESS	المعاد المنهاسة	STREETADDRESS	and the second s	
CITY - ST - ZIP		CITY - ST - ZIP		
TITLE NAME	Delete	TITLE NAME	·	Change Addition
STREET ADDRESS :		STREETADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		
TITLE NAME	Delete	TITLE NAME	Ł	Change Addition
STREETADORESS		STREETADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		:
TITLE NAME	Delete .	TITLE NAME	· · · · · · · · · · · · · · · · · · ·	Change Addition
STREET ADDRESS	:	STREETADDRESS	The state of the s	
CITY - ST - ZIP		CITY - ST - ZIP	The state of the s	
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 chapted, or on an attactionent with an address, with all other like empowered.				
SIGNATURE: \\ \(1000000000000000000000000000000000000				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				