

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061342

1. Entity Name  
MILLSCHATZ ENTERPRISES, INC.

Principal Place of Business  
2304 SW 60 WAY  
MIRAMAR FL 33023

Mailing Address  
2304 SW 60 WAY  
MIRAMAR FL 33023

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 16 AM 10:43

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number

65-0948572

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLEN, RALPH  
2304 SW 60 WAY  
MIRAMAR FL 33023

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  
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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCHATZEL, WALTER  
2304 SW 60 WAY  
MIRAMAR FL 33023

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7000003441427-9  
-10/27/00--01004--013  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MILLEN, RALPH  
2304 SW 60 WAY  
MIRAMAR FL 33023

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

TITLE  
NAME  
STREET ADDRESS  
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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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CF2E034 (5/00)