

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90001 022 ***150.00

DOCUMENT # **P99000085310**

1. Entity Name
Mil Colores International Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6363 N W 106 Terrace

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

54055879

DO NOT WRITE IN THIS SPACE

City & State

Parkland, FL

City & State

4. FEI Number

65-0950613

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Craig Miller**

Street Address (P.O. Box Number is Not Acceptable)
6363 N W 106 Terrace

City **Parkland**

FL

Zip Code **33076**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **President**

NAME **Craig Miller**

STREET ADDRESS **6363 N W 106 Terrace**

CITY - ST - ZIP **Parkland, FL 33076**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

Craig Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

954-345-7896

Daytime Phone #