

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90133 022 \*\*\*150.00

**DOCUMENT # S00320**

1. Entity Name

**J. MILA ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

~~837 N. COCOA BLVD~~  
~~#B~~  
~~COCOA FL 32922~~  
~~US~~

~~2613 HORSESHOE CT~~  
~~COCOA FL 32926~~

2. Principal Place of Business

**1505 Cox Rd.**

3. Mailing Address

**SAME AS PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**OF BUSINESS**

City & State

**Cocoa FL**

City & State

4. FEI Number

**59-3033273**

Applied For

Not Applicable

Zip

**32926**

Country

**BREVARD**

Zip

**32926**

Country

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

**MILA, JOSE A**

~~837 N. COCOA BLVD~~

~~#B~~

~~COCOA FL 32922~~ **32926**

**(NEW ADDRESS)**

**1505 COX RD.**

Name

**JOSE MILA**

Street Address (P.O. Box Number is Not Acceptable)

**1505 COX RD.**

City

**Cocoa**

**FL**

Zip Code

**32926**

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

**JOSE MILA**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>MILA, JOSEPH A</b>	
STREET ADDRESS	<b>2340 STONEBRIDGE DRIVE</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>MILA, JOSE A</b>	
STREET ADDRESS	<b>2613 HORSESHOE CT</b>	
CITY-ST-ZIP	<b>COCOA FL 32926</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**JOSE MILA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**JAN. 4/01**

Daytime Phone #

**639-1537**

CR2E034 (10/00)