

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90072 022 ***150.00

DOCUMENT # P0000000055

1. Entity Name
MILLENNIUM SECURITY MANAGEMENT CORP.

Principal Place of Business

**925 ALTON ROAD
 SUITE 303
 MIAMI BEACH FL 33140**

Mailing Address

**1521 ALTON ROAD 314
 MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0970338

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ZULOAGA, GUSTAVO
 925 ALTON BEACH ROAD #303
 MIAMI FL 33140**

7. Name and Address of New Registered Agent

Name **ZULOAGA GUSTAVO**
 Street Address (P.O. Box Number is Not Acceptable) **925 ARTHUR GODFREY Rd #303**
MIAMI Beach
 City **MIAMI** State **FL** Zip Code **33140**

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)

4/26/02
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **VIRTO, SERGIO**
 STREET ADDRESS **1521 ALTON ROAD 314**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **PRESIDENT** Change Addition
 NAME **ZULOAGA, GUSTAVO**
 STREET ADDRESS **925 ARTHUR GODFREY Rd #303**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VPS** Delete
 NAME **ZULOAGA, GUSTAVO**
 STREET ADDRESS **925 ALTON ROAD, SUITE 303**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VP** Change Addition
 NAME **ZULOAGA, GUSTAVO**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)