2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am Secretary of State P98000064767 DOCUMENT # 1. Entity Name 03-11-2002 90018 032 ***150.00 MILLENNIA INVESTMENTS, INC. Principal Place of Business Mailing Address **MCCLAIN & COMPANY** 12719-SW 125TH AVE 200 S BISCAYNE BLVD 1700 MIAMI FL 33186 MIAMI FL 33131 2. Principal Place of Business CO Madain & CO 3. Mailing Address 200 S. BISCAYNE Blud Suite, Apt. #,,etc. DO NOT WRITE IN THIS SPACE Suite..Apt..#. etc. -- . --Applied For 4. FEI Number City & State City & State 65-0870250 M caun c Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 73l3l-23*l*0 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ISICOFF & RAGATZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVE, STE 800, SOUTH TOWER MIAMI FL 33131 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible .10. - Election Campaign Financing --\$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change TITI E **PSTD** Delete TITLE guy Rüccah., 200 s. Biscappe Blud, Ste 1700 NAME RACCAH, GUIDO NAME STREET ADDRESS 12713 SW 125TH AVE STREET ADDRESS Miami, Fl33131-2310 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition . FIITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusfee 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.

FILED