

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90054 002 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 99000108675 ✓
1. Entity Name
TRANS MILLENNIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11301 SW-160 COURT
Suite, Apt. #, etc.
City & State MIAMI, FL
Zip 33196 Country U.S.A.

3. Mailing Address
SAME AS #2
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0967868
Applied For
Not Applicable

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 MARCONTONIO REAL
Street Address (P.O. Box Number is Not Acceptable)
11301 SW-160 COURT
City MIAMI FL Zip Code 33196

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MARCONTONIO REAL
11301 SW-160 COURT
MIAMI, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP-TREASURER
CAROL J. d'Arbelles
11301 SW-160 COURT
MIAMI, FL 33196

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2002 (305) 336-5948
Date Daytime Phone #

CR2E034B (12/01)