

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90484 011 \*\*\*150.00

**DOCUMENT # P00000014101**

1. Entity Name

**RODAMIENTOS INTERNATIONAL, INC.**  
*n/k/a Milenium Supply Inc.*

Principal Place of Business

Mailing Address

**201 ALHAMBRA CIRCLE  
 SUITE 711  
 CORAL GABLES FL 33134**

**201 ALHAMBRA CIRCLE  
 SUITE 711  
 CORAL GABLES FL 33134**

**U0033140**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9930 N.W. 21 Street**

3. Mailing Address

**9930 N.W. 21 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

**Miami, Florida**

4. FEI Number

**65-0985664**

Applied For

Not Applicable

Zip

**33172**

Country

**Dade**

Zip

**33172**

Country

**Dade**

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

**RAPPORT, STEPHEN R  
 201 ALHAMBRA CIRCLE  
 SUITE 711  
 CORAL GABLES FL 33134**

Name

**Alvaro Castillo B., Esquire**

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

**1390 Brickell Avenue**

**Suite 200**

City

**Miami**

**FL**

Zip Code

**33131**

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)

**3-3-01**

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 **PD** ☐ Delete  
 NAME **MARTIN, MIGUEL A**  
 STREET ADDRESS **201 ALHAMBRA CIRCLE SUITE 711**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D/VP** ☒ Change ☐ Addition  
 NAME **S**  
 STREET ADDRESS **Miguel Martin**  
 CITY-ST-ZIP **9930 N.W. 21 Street**  
**Miami, Florida 33172**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D/P** ☐ Change ☒ Addition  
 NAME **T**  
 STREET ADDRESS **Maria de los Angeles Martin**  
 CITY-ST-ZIP **9930 N.W. 21 Street**  
**Miami, Florida 33172**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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 the same empowerment.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Miguel Martin, Director 3/3/01 (305) 371-5540**

Date

Daytime Phone #

CR2E034 (10/00)