

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90239 017 \*\*\*150.00

A0066934

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000009277

1. Entity Name

Millennium Home Realty, Corp

Principal Place of Business

13225 SW 124 ST  
 Miami FL 33186

Mailing Address

13225 SW 124 ST  
 Miami FL 33186

2. Principal Place of Business

13255 SW 137 AVE

Suite, Apt. #, etc.

100

City & State

Miami FL 33187

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0975569

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

Gonzalez Garcia Claudina  
 14910 SW 156 TE  
 Miami FL 33187

7. Name and Address of New Registered Agent

Gonzalez Garcia Claudina  
 Street Address (P.O. Box Number is Not Acceptable)  
 13255 S.W. 137 Ave  
 Suite #100  
 City Miami FL Zip Code 33186

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]*

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

PD Gonzalez-Garcia Claudina ☐ Delete  
 NAME 14910 S.W. 156 Ter.  
 STREET ADDRESS Miami, FL 33187.  
 CITY-ST-ZIP

VPD Garcia-Pino Jorge ☐ Delete  
 NAME 14910 S.W. 156 Ter.  
 STREET ADDRESS Miami, FL 33187  
 CITY-ST-ZIP

SD Forkas, Shirley ☐ Delete  
 NAME 5751 S.W. 58 Pl.  
 STREET ADDRESS Miami, FL 33143  
 CITY-ST-ZIP

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

☐ Change ☐ Addition  
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 232-0766

CR2E034 (11/00)