2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91592 022 ***150.00

DOCUMENT # F00000005605

Entity Name

MILLENIA HOPE

552187

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business
1221 BRICKELL AVE.
Suite, Apt. #, etc.
9TH FLOOR
City & State
MIAMI, FL
Zip
33121
Country

3. Mailing Address
4055 ST CATHERINE STREET W
Suite, Apt. #, etc.
SUITE 142
City & State
MONTREAL QUEBEC
Zip
H3Z 3J8
Country
CANADA

4. FEI Number
98-0213828
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARK COHEN
1772 EAST TRAFALGAR CIRCLE
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $400.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	N STELLA LEONARD 4055 SAINT CATHERINE WEST, SUITE 142 WESTMOUNT QUEBEC H3Z 3J8 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P - D MORISOT DOMINIQUE 4055 SAINT CATHERINE WEST SUITE 142 WESTMOUNT QUEBEC H3Z 3J8 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HALIQUA, GEORGE 4055 SAINT CATHERINE WEST SUITE 142 WESTMOUNT QUEBEC H3Z 3J8 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MULDER DAVID DR D 4055 SAINT CATHERINE WEST SUITE 142 WESTMOUNT QUEBEC H3Z 3J8 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOURNE, THOMAS 4055 SAINT CATHERINE WEST SUITE 142 WESTMOUNT QUEBEC H3Z 3J8 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STELLA LEONARD - D 4055 SAINT CATHERINE WEST SUITE 142 WESTMOUNT QUEBEC H3Z 3J8 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LA PENNA RONALD 4055 SAINT CATHERINE WEST SUITE 142 WESTMOUNT QUEBEC H3Z 3J8 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SOVEY, ALAIN DR 4055 SAINT CATHERINE WEST SUITE 142 WESTMOUNT, QUEBEC H3Z 3J8 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C D TSOUKAS GEORGE DR 4055 SAINT CATHERINE WEST SUITE 142 WESTMOUNT QUEBEC H3Z 3J8 ☐ Change ☑ Addition

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 changed, or on an attachment with an address, with an other like empowered

SIGNATURE: _____ 5/18/01
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR)