

2002 UNIFORM BUSINESS REPORT (UBR)

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

0190832 AV

DOCUMENT # F48014

1. Entity Name
CORTES MILLENNIUM INSURANCE & INVESTMENTS, CORP.

04-10-2002 90692 001 ***150.00
 04-10-2002 90692 002 *****8.75

Principal Place of Business
299 ALHAMBRA CIR
506
CORAL GABLES FL 33134
US

Mailing Address
P O BOX 143955
P.O.BOX 143955 (331143955)
CORAL GABLES FL 33134
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2119808**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CORTES, FERNANDO D SR
~~**1108 CORDOVA STREET**~~
~~**CORAL GABLES FL 33134**~~

Name **CORTES, FERNANDO D. SR**
 Street Address (P.O. Box Number is Not Acceptable)
540 Brickell Key Drive
APT. # 1006
 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 _____ (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, 2002 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 **CORTES, FERNANDO**
 STREET ADDRESS ~~**1108 CORDOVA ST.**~~
 CITY-ST-ZIP ~~**CORAL GABLES FL**~~

TITLE **President & CEO** ☒ Change ☐ Addition
 NAME **CORTES, FERNANDO**
 STREET ADDRESS **540 Brickell Key Drive #1006**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **SD** ☐ Delete
 NAME **CORTES, LOURDES**
 STREET ADDRESS ~~**1108 CORDOVA ST.**~~
 CITY-ST-ZIP ~~**CORAL GABLES FL**~~

TITLE **Vice Pres & Managing** ☒ Change ☐ Addition
 NAME ~~**CORTES, LOURDES**~~
 STREET ADDRESS **540 Brickell Key Drive #1006**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 other like empowered.

SIGNATURE: _____

FERNANDO CORTES 4/2/02 (305) 266-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)