

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000013109****1. Entity Name**
MILENIUM INTERNATIONAL, LLC

Principal Place of Business 7210 S.W. 5TH AVE., #211 SOUTH MIAMI FL 33143	Mailing Address 7210 S.W. 5TH AVE., #211 SOUTH MIAMI FL 33143
--	--

2. Principal Place of Business 7210 S.W. 5TH AVE., #211	3. Mailing Address 7210 S.W. 5TH AVE., #211
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State SOUTH MIAMI FL	City & State SOUTH MIAMI FL
---	---

Zip 33143	Country	Zip 33143	Country
---------------------	----------------	---------------------	----------------

4. FEI Number 65-1055968	Applied For <input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHERMIDA GUSTAVO
7210 S.W. 5TH AVE., #211SOUTH MIAMI FL
33143**7. Name and Address of New Registered Agent****Name**
HERMIDA GUSTAVO MGRM**Street Address (P.O. Box Number is Not Acceptable)**
7210 S.W. 5TH AVE., #211**City**
SOUTH MIAMI FL **Zip Code**
33143**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 GUSTAVO HERMIDA****04/20/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUSTAVO HERMIDA MGRM 7210 SW 57TH AVENUE #211 SOUTH MIAMI FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**SIGNATURE: GUSTAVO HERMIDA****MGRM 04/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)