

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014831

1. Entity Name
TECHNOMILLENIUM, LLC

FILED

01 MAY -2 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
228 8TH ST.
MANHATTAN BEACH CA 90266

Mailing Address
228 8TH ST.
MANHATTAN BEACH CA 90266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2915 Biscayne Blvd.

3. Mailing Address
2915 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 303

Suite 303

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip 33137 Country USA

Zip 33137 Country USA

4. FEI Number
91-1997007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERIRO LACHARLOTTE, SARAH
1688 MERIDIAN AVE., STE. 504
MIAMI BEACH FL 33139

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

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

900004316369--1
-05/25/01--01017--025
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Franch Dubarry
CITY-ST-ZIP	2915 Biscayne Blvd. MIAMI, FL 33137
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE OF FRANCH DUBARRY

4.27.01

305.438.0880

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

Date

Daytime Phone #

CR2E083 (11/00)

0031277 AF