

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000311

1. Entity Name
MILLENIUM EXPRESS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 14 PM 1:25

Principal Place of Business

4795 NW 72 AVE
MIAMI FL 33166

Mailing Address

4795 NW 72 AVE
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FELDENKRAIS, MICHAEL ESQ.
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126

Name
SE OYARCE & ASSOCIATES, ACCOUNTING OFFICE
Street Address (P.O. Box Number is Not Acceptable)
C/O: JORGE E OYARCE
199 SW 12TH AVE, STE 11
City MIAMI FL Zip Code 33130

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 date if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900003327199--1
-07/19/00--01012--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME LAHOUD, FELIPE JOSE
STREET ADDRESS 13890 S.W. 157TH TERRACE
CITY-ST-ZIP MIAMI FL 33177

TITLE MGRM.
NAME MARIA E. LAHOUD
STREET ADDRESS 13890 SW 157TH Terr.
CITY-ST-ZIP MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/24/00 305-436-0907

CR2E083 (5/00)