FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am § Secretary of State DOCUMENT # N9800004440 1. Entity Name 05-17-2001 91317 038 ****61.25 THIRD MILLENNIUM CATHOLIC ARTISTS, INC. Principal Place of Business Mailing Address 15101 SW 89 COURT 15101 SW 89 COURT C0066813 MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0832296 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BERCUSON, DAVID 9130 SOUTH DADELAND BLVD. TWO DATRAN CENTER, SUITE 1800 City Zip Code **MIAMI FL 33156** 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, DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (10/00) ☐ Channe ☐ Addition DILE ☐ Delete TITLE BARCO, JORGE NAME NAME STREET ADDRESS 15101 S W 89TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 TITLE ☐ Change ☐ Addition TITLE Delete NAME **BUSTAMANTE, JORGE** NAME STREET ADDRESS STREET ADDRESS 13605 S W 77TH LANE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** TITLE Delete TITLE ☐ Change ☐ Addition NAME MUNEVAR, BENJAMIN NAME STREET ADDRESS 8600 S W 133RD AVENUE/ ROAD #101 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33183** TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:



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