

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90232 009 ***158.75

DOCUMENT # P00000000055

1. Entity Name

MILLENNIUM SECURITY MANAGEMENT CORP.

Principal Place of Business

**1521 ALTON ROAD 314
 MIAMI BEACH FL 33139**

Mailing Address

**1521 ALTON ROAD 314
 MIAMI BEACH FL 33139**

2. Principal Place of Business

925 ALTON Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 303

City & State

Miami Beach FL

Zip

33140

Country

Dade

City & State

Zip Country

4. FEI Number

65-0970338

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

VIRTO, SERGIO

**1521 ALTON ROAD 314
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **GUSTAVO Zuloaga**

Street Address (P.O. Box Number is Not Acceptable)

925 ALTON Rd #303

City

Miami Beach, FL

Zip Code

33140

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

4/28/01

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, 2001 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

TITLE **D** ☐ Delete
 NAME **VIRTO, SERGIO**
 STREET ADDRESS **1521 ALTON ROAD 314**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Vice President ☐ Change ☒ Addition
 NAME **Gustavo Zuloaga**
 STREET ADDRESS **925 ALTON Road, Suite 303**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

Secretary ☐ Change ☒ Addition
 NAME **Gustavo Zuloaga**
 STREET ADDRESS
 CITY-ST-ZIP

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

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

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

305-604-9696

Daytime Phone #

CR2E034 (10/00)