2002 UNIFORM BUSINESS REPORT (UBR)

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FILED May 23, 2002 8:00 am Secretary of State DOCUMENT # P00000000055 1. Entity Name MILLENNIUM SECURITY MANAGEMENT CORP. 05-23-2002 90072 022 ***150.00 Principal Place of Business Mailing Address 925 ALTON ROAD 1521 ALTON ROAD 314 MIAMI BEACH FL 33139 SUITE 303 MIAMI BEACH FL 33140 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0970338 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZULOAGA, GUSTAVO 925 ALTON BEACH ROAD #303 **MIAMI FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRESIDENT ☐ Change TITLE Delete TITLE ZULDaga, GUSTAVO NAME NAME VIRTO, SERGIO 925 ARTHUR GODFREY STREET ADDRESS STREET ADDRESS 1521 ALTON ROAD 314 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 TITLE ☐ Delete TITLE ZULDaga, GUSTAVO NAME ZULOAGA, GUSTAVO NAME STREET ADDRESS STREET ADDRESS 925 ALTON ROAD, SUITE 303 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not equilify 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 a n address, empo

Daytime Phone #