

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90239 017 ***150.00

A0066934

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000009277

1. Entity Name

Millennium Home Realty, Corp

Principal Place of Business

13225 SW 124 ST
 Miami FL 33186

Mailing Address

13225 SW 124 ST
 Miami FL 33186

2. Principal Place of Business

13255 SW 137 AVE

Suite, Apt. #, etc.

100

City & State

Miami FL 33187

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0975569

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Gonzalez Garcia Claudina
 14910 SW 156 TE
 Miami FL 33187

7. Name and Address of New Registered Agent

Gonzalez Garcia Claudina
 Street Address (P.O. Box Number is Not Acceptable)
 13255 S.W. 137 AVE
 Suite #100
 City Miami FL Zip Code 33186

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

PD Gonzalez-Garcia Claudina ☐ Delete
 NAME 14910 S.W. 156 Ter.
 STREET ADDRESS Miami, FL 33187.
 CITY-ST-ZIP

VPD Garcia-Pino Jorge ☐ Delete
 NAME 14910 S.W. 156 Ter.
 STREET ADDRESS Miami, FL 33187
 CITY-ST-ZIP

SD Forkas, Shirley ☐ Delete
 NAME 5751 S.W. 58 PL.
 STREET ADDRESS Miami, FL 33143
 CITY-ST-ZIP

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

☐ Change ☐ Addition
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 NAME
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 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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 232-0766

CR2E034 (11/00)