

FILED  
Jun 25, 2001 8:00 am  
Secretary of State

05-21-2001 90354 017 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045905

1. Entity Name  
MILLENNIUM PLASTERING, INC



Principal Place of Business  
1321 Rose Blvd  
Orlando FL 32839

Mailing Address  
1321 Rose Blvd

2. Principal Place of Business  
City & State  
Orlando FL  
Suite, Apt. #, etc.  
Zip  
32839

3. Mailing Address  
City & State  
Orlando FL  
Suite, Apt. #, etc.  
Zip  
32839  
Country  
ORANGE

4. FEI Number  
59-3648982  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Escobar Atilio  
1321 Rose Blvd  
Orlando FL 32839

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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: Escobar President DATE: 4-27-01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ESCOBAR Atilio 1321 Rose Blvd Orlando Florida 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Escobar President

4-27-01 407-468-1286

CR2E034 (11/00)