

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P00000048219**

1. Entity Name

TLC MILLENIUM PROPERTIES, INC.

Principal Place of Business

Mailing Address

6005 NW 87 Ave.  
Miami, Fl. 33178

same

2. Principal Place of Business

6005 NW 87 Ave.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Miami, Fl.

City &amp; State

4. FEI Number

65-1080957

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

Country

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

## 6. Name and Address of Current Registered Agent

Jose L. Torres  
6005 NW 87 Ave.  
Miami, Fl. 33178

## 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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Jose L. Torres, Pres ☐ Delete  
6005 NW 87 Ave.  
Miami, Fl. 33178TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Juanita Torres, Vice Pres. ☐ Delete  
6005 NW 87 Ave.  
Miami, Fl. 33178TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Jose L. Torres ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Juaita Torres ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90374 021 \*\*\*150.00

**00055880**

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)