

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90240 046 ***150.00

DOCUMENT # P00000062097

1. Entity Name

Millenium Investment And Insurance Services,
Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7160 Fairway Drive
Suite, Apt. #, etc.

Unit J9

City & State

Hialeah, Florida

Zip

33014

Country

USA

3. Mailing Address

7160 Fairway Drive
Suite, Apt. #, etc.

Unit J9

City & State

Hialeah, Florida

Zip

33014

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1025008

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Portia Thomas

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

7160 Fairway Drive, Unit J9

City

Hialeah

FL

Zip Code

33014

**DO NOT WRITE
IN THIS SPACE**

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

Portia Thomas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05-01-02

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President/Director
NAME Portia Thomas
STREET ADDRESS 7160 Fairway Drive, Unit J9
CITY - ST - ZIP Hialeah, FL 33014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Vice President/Director
NAME Onel Coombs
STREET ADDRESS 15762 S W 20th Street
CITY - ST - ZIP Miramar, FL 33027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Treasurer/Director
NAME Theresa A. Golden
STREET ADDRESS 1831 N W 154th Street
CITY - ST - ZIP Miami, FL 33054

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Portia Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-01-02

Date

Daytime Phone #

CR2E034B (12/01)