

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071033

1. Entity Name

NEW MILLENNIUM REALTY & INVESTMENTS, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90335 050 ***158.75

Principal Place of Business

819 NORTHEAST 125TH STREET
MIAMI FL 33161

Mailing Address

819 NORTHEAST 125TH STREET
MIAMI FL 33161

2. Principal Place of Business

819 NE 125th St

Suite, Apt. #, etc.

3. Mailing Address

819 NE 125th Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Miami, FL

City & State

North Miami, FL

4. FEI Number

65-1026461

Applied For

Not Applicable

Zip

33161

Country

Dade

Zip

33161

Country

Dade

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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
PSTD
JOSEPH, CARLIE
819 NORTHEAST 125TH STREET
MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/01 (305) 893-8787
Date Daytime Phone #

CR2E034 (10/00)