


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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90203 037 ***150.00

DOCUMENT # <u>P00000073859</u>	
1. Entity Name <u>R & M Millennium Transport INC</u>	

DO NOT WRITE IN THIS SPACE

90090414

2. Principal Place of Business <u>8045 NW 64 ST.</u>	3. Mailing Address <u>8045 NW 64 ST</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>MIAMI FL</u>	City & State <u>MIAMI FL</u>	4. FEI Number <u>65-1029904</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33166</u>	Country <u>USA</u>	Zip <u>33166</u>	Country <u>USA</u>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>RAUL ORTIZ, SR.</u>
Street Address (P.O. Box Number is Not Acceptable) <u>8045 NW 64 ST.</u>
City <u>MIAMI</u>
State <u>FL</u>
Zip Code <u>33166</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE RAUL ORTIZ, SR. DATE 4/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>P/V/S/T</u> <u>RAUL ORTIZ, SR.</u> <u>8045 NW 64 ST</u> <u>MIAMI FL 33166</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 305-406-1151

Date

Daytime Phone #

CR2E034B (12/02)