2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P00000108074 A NEW MILLENNIUM TRANSFER CORP. 04-17-2001 90152 011 ***150.00 Principal Place of Business Mailing Address 7331 NW 61 STREET 7331 NW 61 STREET MIAMI FL 33166 * MIAMI FL 33166 UUUJOUYU DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINEZ, JULIO -Street Address (P.O. Box Number is Not Acceptable) 7331 NW 61 STREET **MIAMI FL 33166** Zip Code FL this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible of satisfy its Intangible 10. Election Campaign Financing \$5.00_May_Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00-Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete Addition TITLE TITLE PLESIDENT. NAME NAME JUlio HALTING2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1034 NW 131 AUE MIAMI FL 33182 CITY-ST-ZIP Change ☐ Addition ONCE - PAESIDELY TITLE TITLE NAME OFELIA MALTINEZ NAME STREET ADDRESS STREET ADDRESS 1034 NW ISI AUE HIAMI H 39182 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tion 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 plemental 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 or trubtee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with arraddress, with all other like empowered. I hereby certify that the informal indicated on this report or supply of the corporation or the changed, or on an attac SIGNATURE: