

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90068 018 ***155.00

0271401
 AV

DOCUMENT # P00000108074

1. Entity Name

A NEW MILLENNIUM TRANSFER CORP.

Principal Place of Business

**1034 NW 131 AV
 MIAMI FL 33182**

Mailing Address

**PO BOX 720446
 MIAMI FL 33172**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9200 NW 102 St
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 720446
 Suite, Apt. #, etc.**

City & State

Medley, FL

City & State

miami, FL

4. FEI Number

65-1055484

Applied For

Not Applicable

Zip

33178

Country

Zip

33172

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, JULIO
 7331 NW 61 STREET
 MIAMI FL 33168**

7. Name and Address of New Registered Agent

Name

Julio Martinez

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

4103 SW 154 Path

City

Miami

FL

Zip Code

33185

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

Julio Martinez

Julio Martinez

4/19/02

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, 2002 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 **P** ☐ Delete
 NAME **MARTINEZ, JULIO**
 STREET ADDRESS **1034 NW 131 AV**
 CITY-ST-ZIP **MIAMI FL 33182**

TITLE **VP** ☐ Delete
 NAME **MARTINEZ, OFELIA**
 STREET ADDRESS **1034 NW 131 AV**
 CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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:

Julio Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/2002

CR2E034 (9/01)