

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-24-2002 90181 033 ***150.00

DOCUMENT # P01000003400

1. Entity Name

MILLENNIUM PROFESSIONAL GROUP, INC.

Principal Place of Business

Mailing Address

~~675 W 65 DRIVE~~
~~HALEAH FL 33012~~

~~675 W 65 DRIVE~~
~~HALEAH FL 33012~~

2. Principal Place of Business

2160 Palm Ave

3. Mailing Address

2160 Palm Ave

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33010

Country

MIAMI-DADE

Zip

33010

Country

MIAMI-DADE

4. FEI Number

105-1068844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

2160 Palm Ave SUITE B

City **Hialeah**

FL

Zip Code **33010**

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]

FRANCISCO DEL CORRAL

1/8/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **DEL CORRAL, FRANCISCO**
STREET ADDRESS **675 W 65 DRIVE**
CITY-ST-ZIP **HALEAH FL 33012**

TITLE ☒ Change ☐ Addition
NAME **2160 Palm Ave "B"**
STREET ADDRESS **Hialeah FL 33010**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **VALLINA, CARLOS D**
STREET ADDRESS **1020 SW 143 PL**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☒ Change ☐ Addition
NAME **2160 Palm Ave "B"**
STREET ADDRESS **Hialeah FL 33010**
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **DEL CORRAL, OLGA**
STREET ADDRESS **675 W 65 DRIVE**
CITY-ST-ZIP **HALEAH FL 33012**

TITLE ☒ Change ☐ Addition
NAME **2160 Palm Ave "B"**
STREET ADDRESS **Hialeah, FL 33010**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]*

FRANCISCO DEL CORRAL

1/8/02

(305) 885-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)