2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State P01000012965. **DOCUMENT #** 1. Entiry Name 04-23-2002 90425 024 ***150.00 Millennium Movers, Inc. Principal Place of Business Mailing Address 6301 Biscayne Boulevard 6301 Biscayne Boulevard Suite 101 Suite 101 Miami, Florida 33138 Miami, Florida 33138 2. Principal Place of Business 3. Mailing Address Same as above Same as above Suite, Apt. #, etc. Suite, Apt. », «c. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65 1096036 Not Applicable Zip Country Country \$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 Andre D. Pierre Street Address (P.O. Box Number is Not Acceptable) 6301 Biscayne Boulevard Suite 101 Miami, Plorida 33138 City Zip Code FL entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Andre D. Pierre 4/08/02 **SIGNATURE** 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE President : ☐ ∩elete TITLE Change ☐ Addition NAME Redinald A. Mathis NAME STREET ADDRESS STREET ADDRESS 6301 Biscayne Boulevard, #101 CITY-ST-ZIP CITY-ST-ZE <u>Miami, Florida 33138</u> TITLE Vice President Delete TITLE ☐ Change Addition NAME Andre D. Pierre NAME STREET ADDRESS 6301 Biscayne Boulevard, #101 Miami, Florida 33138 STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP TITI F Secretary Delete TITLE Change ☐ Addition NAME Chandra Russell STREET ADDRESS STREET ADDRESS 6301 Biscayne Boulevard, #101 Miami, Florida 33138 CITY-SY-ZIP CITY-ST-7IP TITLE Treasurer Oelete TITLE . 🔲 Addition Change NAME Amber Mills NAME STREET ADDRESS 6301 Biscayne Bouleyard, STREET ADDRESS #101 CITY - ST- ZIP Miami, Florida 33138 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Delete ~~~ TITLE ☐ Change -Addition NAME NAME STREET ADDRESS 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 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 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 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 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 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 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 supplied with the information indicated on this report as required by Chapter 607, Florida Statutes; and that it is supplied with the information indicated on this report of the information indicated on the

FILED

Andre D. Pierre SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR

ent wit an address, with all other like empowered.

of the corporation or the changed, or on an attack