

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-07-2002 90093 001 ***450.00

DOCUMENT # P01000014469

1. Entity Name

NEW MILLENNIUM HOLDING, CO.

Principal Place of Business

**717 PONCE DE LEON BLVD.
 #310
 CORAL GABLES FL 33134**

Mailing Address

**717 PONCE DE LEON BLVD.
 #310
 CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11901 SW 45 ST

Suite, Apt. #, etc.

3. Mailing Address

11901 SW 45 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL 33175

Zip

33175

Country

Dade

City & State

MIAMI, FL 33175

Zip

33175

Country

Dade

4. FEI Number

65-1093653

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNKLEY, LINDSAY

717 PONCE DE LEON BLVD.

#310

CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

SIGNATURE

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 **PD** ☐ Delete
 NAME **ACOSTA, ALEXIS**
 STREET ADDRESS **717 PONCE DE LEON BLVD. #310**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
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 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

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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:

ACOSTA, ALEXIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (305) 229-4100

Date

Daytime Phone #

CR2E034 (9/01)