

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90062 034 ***163.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000043703

1. Entity Name
NEW MILLENNIUM PRODUCTS CORPORATION

Principal Place of Business
11420 SOUTHWEST 43RD STREET
MIAMI FL

Mailing Address
11420 SOUTHWEST 43RD STREET
MIAMI FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1957848

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MESA, MANUEL ARTHUR ESQ.
100 SOUTHEAST 2ND STREET, 37TH FLOOR
MIAMI FL 33131

Name **Mesa, Manuel Arthur Esq.**
Street Address (P.O. Box Number is Not Acceptable) **Court House Tower**
44 West Flagler, Suite 1575,
City **Miami** **FL** **33130**

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, 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 **D** ☐ Delete
NAME **PINEDA, OSCAR H**
STREET ADDRESS **11420 SOUTHWEST 43RD STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **P/T/D** ☒ Change ☐ Addition
NAME **Pineda, Oscar H**
STREET ADDRESS **11420 Southwest 43rd Street**
CITY-ST-ZIP **Miami, FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V/S/D** ☐ Change ☒ Addition
NAME **Pineda, Nila**
STREET ADDRESS **11420 Southwest 43rd Street**
CITY-ST-ZIP **Miami, FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 REQUIRED** **PINEDA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-02 **305-553-3052**
 Date Daytime Phone #

CR2E034 (9/01)