FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90437 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000044610

1. Entity Name
THE MILLENNIUM FINANCIAL CENTER, INC.

Principal Place of Business	Mailing Address
5546 WEST OAKLAND PARK BLVD SUITE 207 LAUDERHILL, FL 33313	5546 WEST OAKLAND PARK BLVD SUITE 207 LAUDERHILL, FL 33313

2. Principal Place of Business	3. Mailing Address
12540 N.E 8 Ave	12540 NE 8Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami FL	City & State: North Miami FL
Zip: 33161 Country: Dade	Zip: 33161 Country: Dade

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1103180 ☒ 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
CASTILLA, ROBERTO M 400 LESLIE DR APT 11108 HALLANDALE, FL 33009	Name: Roberto M Castilla Street Address (P.O. Box Number Is Not Acceptable): 400 Leslie Dr # 1108 City: Hallandale FL Zip Code: 33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 2/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTILLA, ROBERTO M 400 LESLIE DR APT 1108 HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/5/03 305-981-4147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #