2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2002 8:00 am secretary of State P01000046040 DOCUMENT # 1. Entity Name TRILLENIUM, INC. 03-22-2002 90065 040 ***150.00 Principal Place of Business Mailing Address 19370 COLLINS AVENUE 19370 COLLINS AVENUE #504 #504 SUNNY ISLES FL 33160 SUNNY ISLES FL 33160 2. Principal Place of Business 3. Mailing Address BISCAYNS BLUD BISMYNY BLUO DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03339 65-1 Not Applicable \$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 PLOTNIK, EVA Street Address (P.O. Box Number is Not Acceptable) 1000 WEST ISLAND BLVD. #811 **AVENTURA FL 33160** Zip Code 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT SZLAIFER Addition TITLE TITLE Delete PLOTNIK, EVA MARIANO MAME NAME 192 ST. # 1006 3300 NE 1000 WEST ISLAND BLVD. #811 STREET ADDRESS STREET ADDRESS AVENTURA FL 33160 CITY-SI-ZIP AVENTURA, PL 33180 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

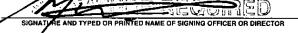
SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



Delete

02/28/02

Change

Addition