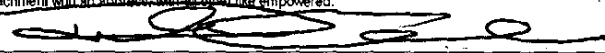


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91891 043 ***150.00

80110857

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000066286			
1. Entity Name MILLENNIUM DESIGN AND REMODELING CONTRACTORS, INC.			
Principal Place of Business 5161 COLLINS AVENUE SUITE 303 MIAMI BEACH, FL 33140		Mailing Address 4131 SOUTHWEST 14TH STREET MIAMI, FL 33134	
2. Principal Place of Business 80 NW 22 AVE		3. Mailing Address 80 NW 22 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami		City & State Miami	
Zip 33125		Zip 33125	
Country USA		Country USA	
4. FEI Number 65-1117760		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALVAREZ, FRANK 80 NW 22 AVE MIAMI, FL 33127		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILING FEE: FILE NOW WITH 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P ALVAREZ, FRANK 5161 COLLINS AVENUE SUITE #303 MIAMI BEACH, FL 33140		☐ Change ☐ Addition	
V CALDEVILLA, ROBERT 5161 COLLINS AVENUE SUITE #303 MIAMI BEACH, FL 33140		☐ Change ☐ Addition	
S MOREJON, RAFAEL 5161 COLLINS AVENUE, SUITE 303 MIAMI BEACH, FL 33140		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.			
SIGNATURE: 		(305) 642-3721	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)