

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91348 001 ***150.00

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

DOCUMENT # P01000087619

1. Entity Name
CI MILENIUM FLA, INC.



Principal Place of Business
5748 S.W. 31 ST.
MIAMI, FL 33155

Mailing Address
5748 S.W. 31 ST.
MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address
1912 SW 18th STREET.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
MIAMI, FL.

4. FEI Number
75-3075163

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

PALACIO, CESAR A
1912 SW 18 ST
MIAMI, FL 33145

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

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 P
NAME HOYOS, ALBERTO
STREET ADDRESS 1912 SW 18TH ST
CITY-ST-ZIP MIAMI, FL 33145

TITLE P
NAME HOYOS, ALBERTO
STREET ADDRESS 1912 SW 18TH STREET
CITY-ST-ZIP MIAMI, FL 33145

TITLE VP
NAME AGUDELO, CARLOS
STREET ADDRESS 1912 SW 18 ST
CITY-ST-ZIP MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME AGUDELO, MARIA
STREET ADDRESS 1912 SW 18 ST
CITY-ST-ZIP MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME PALACIO, CESAR A
STREET ADDRESS 1912 SW 18 ST
CITY-ST-ZIP MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: CESAR A. PALACIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2003

Date

(786) 325-4158

Daytime Phone #

CR2E034 (10/02)