2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000091710

Name:

Address: City-St-Zip: ACOSTA, MANUEL J

MIAMI, FL 33178

10906 NW 67 TERRACE

Entity Name: MILLENNIUM INVESTMENT SOLUTIONS, INC

FILED Jan 06, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14057 SW 66 TERRACE MIAMI, FL 33183		10773 NW 58TH ST # MIAMI, FL 33178	10773 NW 58TH ST #59 MIAMI, FL 33178		
Current N	/lailing Addres	s:	New Mailing Address	s:	
14057 SW MIAMI, FL	/ 66 TERRACE . 33183		10773 NW 58TH ST # MIAMI, FL 33178	59	
FEI Number	r: 65-1139098	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:		
	ROBERTO C / 66 TERRACE . 33183				
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both	
	e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both	
in the Stat	e of Florida. ´ RE:	submits this statement for the line statement		d office or registered agent, or both Date	
in the Stat SIGNATU Election Ca	e of Florida. RE: Electron	ic Signature of Registered Ag	ent		
in the Stat SIGNATU Election Ca	e of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete RTO C TERRACE	ent	Date	
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electron mpaign Financing S AND DIREC PD () PRIETO, ROBE 14057 SW 66 T MIAMI, FL 3318	ic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete RTO C FERRACE 83 Delete CERRACE	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MANUEL ACOSTA V 01/06/2003