## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 13, 2002 8:00 am DOCUMENT # P01000108290 **Secretary of State** 1. Entity Name 02-13-2002 90206 025 \*\*\*150.00 MILLENIUM DEVELOPMENT CORP. Principal Place of Business Mailing Address 320 EAST 40TH STREET P.O. BOX 133881 HIALEAH FL 33013 HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address P.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State H/ALEAH City & State Applied For Not Applicable Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JORGE L. BERTI BERTI, SANDRA Street Address (P.O. Box Number is Not Acceptable) 320 EAST 40TH STREET 40 STREET HIALEAH FL 33013 HIALEAH 8. The above named entity sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (9/01) TITLE Delete TITLE [ Addition NAME Berti, Jorge NAME CR2E034 STREET ADDRESS P.O. BOX 133881 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33013 CITY-ST-ZIP Director - D Berti, SANDRA TITLE M Change ☐ Addition ☐ Delete NAME Berti, Sandra P.O.BOX\_133881\_\_\_ STREET ADDRESS P.O. BOX 133881 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33013 HIALÉAH FL 33013 Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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.

**FILED**