

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90149 008 ***150.00

DOCUMENT # **PO1000120872**

1. Entity Name

~~O-BENITEZ & ASSOCIATES, INC.~~
MILLENNIUM ARCHITECTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9400 W. FLAGLER ST.

Suite, Apt. #, etc.

405

3. Mailing Address

9400 W. FLAGLER ST.

Suite, Apt. #, etc.

405

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33174

Country

USA

Zip

33174

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

81-0547994

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

OSCAR S. BENITEZ

Street Address (P.O. Box Number is Not Acceptable)

9400 W. FLAGLER STREET

SUITE 405

City

MIAMI

FL

Zip Code

33174

**DO NOT WRITE
IN THIS SPACE**

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

OSCAR S. BENITEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/23/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PRESIDENT
EULALIA MIRANDA
9400 W. FLAGLER STREET
MIAMI, FL 33174**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VICE-PRESIDENT
OSCAR S. BENITEZ
9400 W. FLAGLER STREET
MIAMI, FL 33174**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

OSCAR S. BENITEZ, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02 (305) 322 2526

DATE

Daytime Phone #

CR2E034B (12/01)