1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400055365

MILLENIUM TIME, INC.

Principal Place of Business							
401 BISCAYNE BLVD.							
#S-149							
MIAMI FL 33131							

Mailing Address

401 BISCAYNE BLVD. #S-149

MIAMI FL 33131

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90123 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/22/1994

2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied I			
21	26			65-0510228		Not Applicable		
Suite, Act.	ot. #, etc. Suite, Apt. #, etc.				5. Certifc ate of Status Desired	\$8.75 △		
27					3. Certificate of Status Besiled	Fee Re	quired	
City & State City & State				6. Election Campaign Financing		\$5.00	May Be	
23					Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year in		.	
24	25	29	30		Persor al Property Tax.	Yes	X No	
9. Name and Adcress of Current Registered Agent					10. Name and Address of New Registers d	Agent		
			81	Name				
TODYWALA, SAM				Stroot Add	Iress (P.O. Bo) Number is Not Acceptable)			
4(+1 BISCAYNE BLVD.				SueerAnd	tress (F.O. Box Number is Not Acceptable)			
#S-149								
MiAMI FL 33131						1 20 × 2		
			84	City	FL	85 Zip C	ode	
44 Dugourent	to the provisions of Systians 607 050"	and 607 1508 Florida Stat	tes the above	e-named core	poration submits this statement for the purpose of	f changing its	registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stati tes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
agent. I ar	m familiar with, and accept the obligat	ons of, Section 607.0505, F	onda Statutes	•				
SIGNATUF:E Signature, typed or printed name of registered agen and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	Signature, typed or printed its me of registered agen OFFICERS ANI		13.	t signature req int	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	VPD	☐ DELETE	1.1 TITLE	TV.	PD	Change	Addition	
	=		1.2 NAME		JOODALL, ALLEN H	V. V.	1	
NAME.	WOODALL, ALLEN H			ADDRESS /4	4371 LAUREL TRAIL,			
STREET ADDRESS	2441 SWANSON AVE.			ADDRESS I	VELLINGTON, FL 33414			
CITY-ST-ZIP	COCONUT GROVE FL	☐ DELETE	1.4 CITY-S 2 1 TITLE		-	Change	Addition	
TITLE	TD		i i	77.	D as such a E THE R	ges amanga		
NAME	ARIAS, ELIZABETH B		22 NAME	19	AIAS ELIZABETH B.			
STREET ADDRESS	2441 SWANSON AVE.		2.3 STREET	ADDRESS	4371 LAUREL TRAIL,			
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CiTY-S		FLLINGTON, FL 33414	Change	Addition	
TITLE	PD	☐ DELETE	3.1 TITLE		D	Dilange		
NAME	todywala, sam		3.2 NAME	[77]	DDYWALA , SAM			
STREET ADDRLSS	10613 NW 54 ST		3.3 STREE	ADDRESS 5	340 NW 104 CT, NIAMI, FL 33178.			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-S	T-ZIP	niami, FL 33178.			
TITLE	SD	☐ DELETE	4.1 TITLE		5D	Change	☐ Addition	
NAME	TODYWALA, LYLA		4.2 NAME		ddywala i lyla		ŀ	
STREET ADDRESS	10613 NW 54 ST		4.3 STREE		340 NW 104 CT,			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S	T-ZIP	MIAMI, FL 33178			
TITLE	D	DELETE	51 TITLE	, [,-		☐ Change	☐ Addition	
NAME	TODYWALA, SAM	•	5 2 NAME					
STREET ADDRESS	9249 S.W. 138TH PL.		5.3 STREE	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186		5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			İ	
14. I hereby o	ertify that the information supplied wil	this filing bloes not qualify	or the exempt	on stated	Section 119.0 7(3)(i), Florida Statutes, I further be	rtify that the i	formation	

indicated on this annual report or supplemental an utal report is true and eccurate and that my schalure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiper by the empty of the property of the corporation of the receiper by the empty of the property of the corporation of the receiper by the empty of the property of the corporation of the

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICI R OR DIRECTOR

04/27/99 (305)373-1327

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