

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90347 016 ***150.00

DOCUMENT # P95000054549

1. Entity Name

MILLENNIUM INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

8330 NW 10 STREET, SUITE 3
MIAMI, FLORIDA 33126

2. Principal Place of Business

3. Mailing Address

2501 SOUTH OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

826

City & State

City & State

HOLLYWOOD, FLORIDA

Zip

Country

Zip

Country

33019

USA

4. FEI Number

65-0593303

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00055735

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALFROY, BRUNO-XAVIER
8330 NW 10 STREET, SUITE 3
MIAMI, FLORIDA 33126

Name: MALFROY, BRUNO-XAVIER

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

2501 SOUTH OCEAN DRIVE, SUITE 826

City HOLLYWOOD

FL

Zip Code

33019

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

04/30/2001
DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MALFROY, BRUNO-XAVIER
STREET ADDRESS 8330 NW 10 STREET, SUITE 3
CITY-ST-ZIP MIAMI, FLORIDA 33126TITLE PD ☒ Change ☐ Addition
NAME MALFROY, BRUNO-XAVIER
STREET ADDRESS 2501 SOUTH OCEAN DRIVE, SUITE 826
CITY-ST-ZIP HOLLYWOOD, FLORIDA 33019TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2001 954-923-6101

CR2E034 (11/00)