## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 20, 2002 8:00 am Secretary of State DOCUMENT # P95000054549 1. Entity Name 05-20-2002 90128 021 \*\*\*150.00 MILLENNIUM INTERNATIONAL, INC. Principal Place of Business Mailing Address 8330 NW 10 STREET 2501 S OCEAN DRIVE エルリリリリ BUILDING I. #3 826 MIAMI FL 33126 HOLLYWOOD FL 33019 US 2. Principal Place of Business 3. Mailing Address 5015 OCEAN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0593303 DRIDA Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 4NDERSON MALFROY, BRUNO-XAVIER 2501 S OCEAN DRIVE STE 826 CLEAN DRIVE SUITE HOLLYWOOD FL 33019 Zip Code 236/9 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 if applicable (NOTE: Registered Agent signature required when reinstating) 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE PRESIDENT /OWNER CR2E034 (9/01) TITLE ☐ Change Addition NAME MALFROY, BRUNO-XAVIER NAME FAN ANDERSON 1501 S. OCEAN DEIDE, SUITE 82C STREET ADDRESS 2501 S OCEAN DRIVE STE 826 STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33019 CITY-ST-ZIP HOLLYWOOD, PLOPIDA TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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)(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.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR