

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019750

1. Entity Name

MILLENNIUM INVESTMENT GROUP, INC.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90009 022 \*\*\*550.00

Principal Place of Business

3211 PONCE DE LEON  
SUITE 202  
CORAL GABLES FL 33134

Mailing Address

3211 PONCE DE LEON  
SUITE 202  
CORAL GABLES FL 33134

2. Principal Place of Business

8550 NW 33rd Street  
Suite, Apt. #, etc.  
200

3. Mailing Address

8550 NW 33rd Street  
Suite, Apt. #, etc.  
200

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0732408

Applied For

Not Applicable

Zip

33122

Country

MIAMI-DADE

Zip

33122

Country

MIAMI-DADE

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

6. Name and Address of Current Registered Agent

GARCIA, FERNANDO ESQ  
3211 PONCE DE LEON  
SUITE 202  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

FERNANDO GARCIA

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

8550 NW 33rd Street

Suite 200

City

MIAMI, FL

FL

Zip Code

33122

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

*Fernando Garcia*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GARCIA, FERNANDO  
CITY-ST-ZIP 3211 PONCE DE LEON, SUITE 202  
CORAL GABLES FL 33134

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RODRIGUEZ, FRANK J  
CITY-ST-ZIP 3211 PONCE DE LEON, SUITE 202  
CORAL GABLES FL 33134

TITLE ☒ Delete  
NAME D  
STREET ADDRESS DOVAL, JULIO  
CITY-ST-ZIP 3211 PONCE DE LEON, SUITE 202  
CORAL GABLES FL 33134

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MACHIN, MIGUEL JR  
CITY-ST-ZIP 3211 PONCE DE LEON, SUITE 202  
CORAL GABLES FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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)(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:

*Fernando Garcia* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)