2003 FOR PROFIT CORPORATION

FILED Jun 09, 2003 8:00 am Secretary of State 06-09-2003 90161 001 ***300.00

1. Entity Na	JMENT # P9700 IILLENNIUM CONSTRUCTION	10024862 / n inc. 			3003 30101 001	300.00
STE 213 MIALU BEACH	AH 23141 BWD- SURE 507 MIANI FL 331	81	ı: 1		1	
120	Place of Business OO BUSCAYNE BWD	3. Mailing Address				
Suite, Apt. #, etc. 507		Suite, Apt. #, etc.		☐ CHECK HER	E IF MAKING CHANG	3ES
City & Sta	ate	City & State		4. FEI Number 65-075196	3	Applied For Not Applicable
FLORI	DA BUSA	Zip 33 181	Country 1	5. Certificate of Status Desired	□ \$8.75 Fee Rec	Additional quired
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New	Registered Agent	
CHIARATO	0, WAY UGO V.	<u> </u>			ا میاد بخوی معن	
1		ISCAYNE BLU	D#501	lress(P.O. Box Number is Not Acceptab	16)	
MIAMI BE	ACHEL 33141 HIP	141 FL 33 181				
		_	City	Fit	FL Zip	Code
- 8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing	its registered office or re	gistered agent, or both, in the State of F	lorida. I am familiar v	vith, and accept
{	-					
SIGNATURE	Signature, typed or printed name of registered agent a	ing title if applicable. (N	OTE: Registered Agent signature r	required when reinstating)	DATE	
1	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00			9. Election Campaign F		5.00 May Be
	k Payable to Florida Department of	State		Trust Fund Contributi	ion. [] At	dded to Fees
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OF		
TITLE NAME	[PD [AMATI, RICCARDO]	☐ Delete	TITLE NAME \ L ~	3 [™]	Chan	CRZE034 addition a
STREET ADDRESS		o biscayne	A PLANTAGE AND A PROPERTY OF THE PROPERTY OF T	75		8
CITY: ST-ZIP	VO PRINCIPAL PRI	14 H1 FL 33 19	TITLE		☐ Chan	ige Addition 64
NAME	MAINSI ALBERTO		. 14 -	7	புக	Pe - C VOUINGI 2
STREET ADDRESS CITY-ST-ZIP	MAM DEACT THE SSTATE HIA	DO BISOLYNE. HI FUBBIB		1		}
TITLE	SD		HIPPOTO		☐ Chan	ge Addition
NAME Street address:	CHIARATO, UGO V	ugo V. u Certified pubu	CECEPTINTENT			
CITY-ST-ZIP	MIAMI BEACH FL 13141	CI CAIDA AND N	ELL YORK STATE		-	
TITLE		19000 BIS@WN€	BLADUISONE 20	7	☐ Chan	ge 🔲 Addition
NAME Street Address		MAMI, I	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	<u>.</u>		
TITLE NAME		☐ Delete	TITLE NAME		☐ Chang	ge Addition
STREET ADDRESS	·		STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		CITY-SI-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		Chang	ge 🔲 Addition
STREET ADDRESS			STREET ADDRESS			}
CITY-ST-ZIP	pertify that the information available with	his filling does not murify t	CITY-ST-ZIP	in Service 110 07(0VI) Finish On	I don't a series	- 1-1
of the cor	certify that the information supplied with to lon this report or supplemental report is to poration or the receiver or trustee empoy , or on an attachment with an addryss, with	rue and accurate and that vered to execute this repor	my signature shall have it as required by Chaptel	ine same legal ettect as II made ⊨oger	nath that I am an offic	nor or director 1
SIGNAT	URE: SIGNATURE	<u> Guata II</u>	STORETAL	Ry 0+12712	28(305)84	79.5099