## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000045869**

1. Entity Name

## MILLENNIUM TITLE COMPANY

Principal Place of Business 9200 S DADELAND BLVD SUITE 603 MIAMI FL 33156

Mailing Address

9200 S DADELAND BLVD SUITE 603

MIAMI FL 33156-2714

## **FILED** Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90110 013 \*\*\*150.00

MMI IL 33130	,			4 1001/001 110 (01)1 (00)1 (00)1		0 1191 TO310 B1	118 1811 1881	
Principal Place of Business 3.		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.	Suite, Apt. #, etc.  City & State		DO NOT WRITE IN THIS SPACE			
		City & State			4. FEI Number 58-2322898 Applied Fo Not Applied			
Zip	Country -	Zip	- Country	5. Certificate of Status Desir		<b>3.75</b> Add e Require		
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of N	ew Registered Ag	ent		
	i /		Name	Name				
CHE	VAS ANDREW			The state of the s				
CUEVAS, ANDREW 9200 S DADELAND BLVD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 603			-					
				·				
MIAMI FL 33156			City	City FL Zip Code				
	named entity submits this statemen							
GNATURE . This corpo	Signature, typed or printed name of registered a praction is eligible to satisfy its Intang		OTE Registered Agent signature requively!!! FEE IS \$150.00	ired when reinstating)  10. Election Campaig	DATE on Financing	φε n	<b>0</b> May Be	
. This corporation is original to ballery in management			2000 Fee will be \$550.0 able to Department of S	Trust Fund Contri State	bution.	Added	to Fees	
1.	OFFICERS A	ND DIRECTORS	12.	ADDITIONS/CHANGES TO	OFFICERS AND D	IRECTOR	3 IN 11	
rle	DP	☐ Delete	TITLE		[	Change	Addition	
ME	RUBIN, JONATHAN R		NAME	•				
REET ADDRESS	9200 S DADELAND BLVD SU	JITE 603	STREET ADDRESS					
TY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP					
TLE	DST	Delete	TITLE		(	Change	Addition Addition	
ME	CUEVAS, ANDREW		NAME					
TREET ADDRESS	9200 S DADELAND BLVD ST	E 603	STREET ADDRESS	•				
TY-ST-ZIP	MIAMI FL 33156		· CITY-ST-ZIP					
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TLE AME TREET AODRESS TY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Addition	

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 eath; 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

President