

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063738

1. Entity Name

GRUPO MILENIO III, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90073 031 \*\*\*158.75

Principal Place of Business

2121 PONCE DE LEON BLVD  
STE 240  
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD  
STE 240  
CORAL GABLES FL 33134-5221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0772213

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEMUS, LYDIA R  
8075 N.W. 8 STREET #9  
MIAMI FL 33126

Name

Lydia R. Lemus

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

2121 Ponce de Leon Blvd., Suite 240

City

Coral Gables

FL

Zip Code  
33134

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

Lydia R. Lemus

PRESIDENT

1/18/00

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 \$150.00**  
**After MAY 1, 2000 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 PSD  
NAME LEMUS, LYDIA R  
STREET ADDRESS 8075 N.W. 8 STREET #9  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2121 Ponce de Leon Blvd., Suite 240  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE TD  
NAME ARES, JORGE L  
STREET ADDRESS 8079 N.W. 8 STREET #1  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2121 Ponce de Leon Blvd., Suite 240  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 my address, with all other like empowered.

SIGNATURE:

*Lydia R. Lemus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)