FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 980000 10 431
1. Entity Name
New Millenium Enterprises Mc

FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90966 024 ***150.00

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影响人	3.5. 海首等									
2. Principal P			3. Mailing Address 8360 W. Ŧ	laaler	st					
Suite, Apt.	<u> </u>		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	e		City & State .	FL	4. FI	El Number 55 - 08105 7	10	Applied For Not Applicable		
Zip 3314	12	Country U.S.	Zip 33144	Country	5 . C	Certificate of Status Desired		8.75 Additional see Required		
ABBUT S. P. C.	'			algama tarahy	7. Nai	me and Address of Curre	nt Registered	Agent		
	F 1888	O NOT W		Name Street	Jorge	Ledon ox Number is Not Acceptat SW 152		2.		
			ACL		UNIT	1405	•••	,		
Carlotte St. 18 1. March Belle St. 18 1. Mar	te la stational annual action of		Andreas Salas Sala	City	MIAmi		FL	Zio Code		
SIGNATURE .		or printed name of registered agent at	nd life if applicable (NOTE:	Registered Agent sign	nature required when rein		DATE			
	After May 1 Amended	, Fee is \$550.90 UBR is \$61.25 Florida Department of	State			9. Election Campaign f Trust Fund Contribut	~ ~	\$5.00 May Be Added to Fees		
10.		OFFICERS AND D	DIRECTORS	All the water	Walter and the A	Carly subject to the construction of the second	and the second	The state of the s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jorge 13441 MIAM	Ledon SW 152 Ter		TITLE NAME STREET ADORES: CITY-ST-ZIP						
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12. 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 sport/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 reporter or Justice supplemental sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with a Wother like appowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME:

SIGNATURE:

CITY-ST-ZIP TITLÉ

STREET ADDRESS

CITY-ST-ZIP

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

305-225-1492

Daytime Phone #