

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-01-2003 90966 024 ***150.00

DOCUMENT # **P 980000 10 4 31**

1. Entity Name

New Millenium Enterprises Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3021 NW 23 Terr

Suite, Apt. #, etc.

25

City & State.

Miami, FL

Zip

33142

Country

US

3. Mailing Address

8360 W. Flagler st

Suite, Apt. #, etc.

206

City & State

Miami, FL

Zip

33144

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0810570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jorge Ledon

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

13441 SW 152 TERR.

Unit 1405

City

Miami

FL

Zip Code

33177

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **Jorge Ledon**
STREET ADDRESS **13441 SW 152 Terr**
CITY-ST-ZIP **Miami, FL 33177**

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**DO NOT WRITE
IN THIS SPACE**

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

305-225-1492

Daytime Phone #

CR2E034B (12/02)