

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

FILED

06 FEB -6 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA 8000066494**

1. Entity Name

MILLENNIUM LOGISTICS SERVICES, INC.



DO NOT WRITE IN THIS SPACE

100066553271
02/24/06--01011--003 **300.00

2. Principal Place of Business

7974 NW 66TH ST

Suite, Apt. #, etc.

Miami FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33166

Country

USA

Zip

Country

4. FEI Number

650863359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SASCHA IBARRA

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

7974 NW 66TH ST

City

Miami

FL

Zip Code

33166

**DO NOT WRITE
IN THIS SPACE**

8. The filer certifies that this statement is true and correct 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]

2/30/06

DATE

Additional Fee: 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

NAME

STREET ADDRESS

CITY-STATE-ZIP

**P.
SASCHA IBARRA
7974 NW 66TH ST
MIAMI, FL 33166**

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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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)(g), 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 officers and employees.

SIGNATURE:

[Signature]

2/30/06

DATE

Expenditure

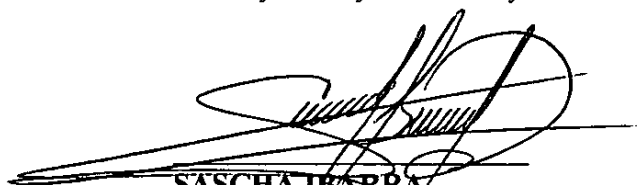
20f2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **MILLENNIUM LOGISTICS SERVICES, INC.**

Thank you for your courtesy in this matter.



SASCHA IBARRA
PRESIDENT