2000 UNINORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # P98000090059 FILED 1. Entity Name MILENIUM TRADING GROUP, OF MIAMI INC. 00 MAR - 1 AM 8: 43 SECRETARY OF STATE TALLIANASSEE. PLONISA Principal Place of Business Mailing Address 2605 NW 77TH AVE 2605 NW 77TH AVE MIAMI FL 33122-1403 MIAMI FL 33122 3 Mailing Address 2. Principal Place of Busines 750 NW 114 AN BAY 267337 4.0.B0x Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number FLORIDA 65-0872956 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIGUEL CEBALLOS, EDGAR Street Address (P.O. Box Number is Not Acceptable 2605 NW 77TH AVE MIAMI FL 33122 MIAMI 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. SIGNATUBE! DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE ☐ Delete TITLE LAMALETTO CATILO NAME LAMALETTO, CAMILO NAME 3750 NW 114 AV. BAY #7 STREET ADDRESS STREET ADDRESS 2605 NW 77TH AVE MIAMI - FLAMM - 33178 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33122 Change ☐ Addition ☐ Delete TITLE D VA. MIGUEL VA, MIGUEL 3750 NW 114 AV - BAY#7 HILMI - FLOWIDA 33178 STREET ADDRESS STREET ADDRESS 2605 NW 77TH AVE CITY-\$T-ZIP CITY-ST-ZIP MIAMI FL 33122 ☐ Delete TITLE NAME NAME 300003163273--7 STREET ADDRESS STREET ADDRESS -03/09/00--01030--023 CITY-ST-ZIP CITY-ST-ZIP ****150.00 ****150.00 TITI F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 is changed, or on an attachment with an address, with all other like empowered.

Date

Daytime Phone #