

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090059

1. Entity Name

MILENIUM TRADING GROUP, OF MIAMI INC.

FILED

Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90030 004 ***150.00

Principal Place of Business

Mailing Address

3750 NW 114 AV BAY 7
MIAMI FL 33178

P.O. BOX 267337
WESTON FL 33326

2. Principal Place of Business

3750 NW 114 AV
Suite, Apt. #, etc. Bay # 7

3. Mailing Address

P.O. Box 26737
Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

WESTON FLORIDA

Zip

33178

Country

USA

Zip

33326

Country

USA

4. FEI Number

65-0872956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CEBALLOS, EDGAR
2605 NW 77TH AVE
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

MIGUEL VA

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

3750 NW 114 AV Bay # 7

City

MIAMI

FL

Zip Code

33178

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LAMALETTO, CAMILO	
STREET ADDRESS	3750 NW 114 AV BAY 7	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	VA, MIGUEL	
STREET ADDRESS	3750 NW 114 AV BAY 7	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMALETTO, CAMILO	
STREET ADDRESS	3750 NW 114 AV BAY #7	
CITY-ST-ZIP	MIAMI - FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGUEL VA	
STREET ADDRESS	3750 NW 114 AV BAY #7	
CITY-ST-ZIP	MIAMI - FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL VA

3/13/01

Date

(305) 594 0888

Daytime Phone #

CR2E034 (10/00)