

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002206

1. Entity Name

MILLENNIUM MORTGAGE INVESTORS CORPORATION

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90086 006 ***158.75

Principal Place of Business

11385 SW 32 ST.
MIAMI FL 33165

Mailing Address

11385 SW 32 ST.
MIAMI FL 33165-2271

2. Principal Place of Business

1405 SW 107 AVE

3. Mailing Address

1405 SW 107 AVE

Suite, Apt. #, etc.

301-C

Suite, Apt. #, etc.

301-C

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33174

Country

MIAMI-DADE

Zip

33174

Country

MIAMI-DADE

4. FEI Number

65-0885566

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, LORENZO
11385 SW 32 ST.
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

LOPEZ, LORENZO

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

1401 SW 107 AVE

301-C

City

MIAMI

FL

Zip Code

33174

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

APRIL 28, 2000

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS LOPEZ, LORENZO
CITY-ST-ZIP 11385 SW 32 ST.
MIAMI FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Addition
NAME SECRETARY/VICE PRESIDENT
STREET ADDRESS ILEANA CRUZ
CITY-ST-ZIP 1405 SW 107 AVE SUITE 301-C
MIAMI FLORIDA 33174

TITLE ☒ Change ☐ Addition
NAME DIRECTOR/PRESIDENT
STREET ADDRESS LORENZO LOPEZ
CITY-ST-ZIP 1405 SW 107 AVE SUITE 301-C
MIAMI FLORIDA 33174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

APRIL 28, 2000

305-223-5100

CR2E034 (9/99)