

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90046 032 \*\*\*150.00

**DOCUMENT # P99000002206**

1. Entity Name  
**MILLENIUM MORTGAGE INVESTORS CORPORATION**

Principal Place of Business

**1405 SW 107 AVE  
301-C  
MIAMI FL 33174**

Mailing Address

**1405 SW 107 AVE  
301-C  
MIAMI FL 33174**

2. Principal Place of Business

**1405 SW 107 AVE**

Suite, Apt. #, etc.

**SUITE 301-C**

City & State  
**MIAMI FLORIDA**

Zip  
**33174**

Country  
**MIAMI DADE**

3. Mailing Address

**1405 SW 107 AVE**

Suite, Apt. #, etc.

**SUITE 301-C**

City & State  
**MIAMI FLORIDA**

Zip  
**33174**

Country  
**MIAMI-DADE**



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

**LOPEZ, LORENZO  
1401 SW 107TH AVE  
301-C  
MIAMI FL 33174**

Name

**LOPEZ, LORENZO**

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

**1405 SW 107TH AVE STE 301-C**

**SUITE 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LOPEZ, LORENZO  
1401 S.W. 107TH AVE., STE. 301-M  
MIAMI FL 33174** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LOPEZ, LORENZO  
1405 SW 107TH AVE STE 301-C  
MIAMI FL 33174** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
CRUZ, ILEANA  
1401 S.W. 107TH AVE., STE. 301-M  
MIAMI FL 33174** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
CRUZ, ILEANA  
1405 SW 107TH AVE STE 301-C  
MIAMI FL 33174** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
MAGGIE CAMBROUE  
1405 SW 107TH AVE STE 301-C  
MIAMI FLORIDA 33174** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

**04-02-01 305-223-5100**

Date

Daytime Phone #

CR2E034 (10/00)