FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2002 8:00 am Secretary of State P99000003453 DOCUMENT # 1. Entity Name 01-21-2002 90063 037 ***150.00 KNOTS MILLENNIUM, CO. Principal Place of Business Mailing Address 750 W 84 STREET 750 W 84 STREET HIALEAH FL 33014 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0895748 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAAMANI, RABIH Street Address (P.O. Box Number is Not Acceptable) 19151 S/ST ANDREWS DR **MIAMI FL 33015** Zip Code City FL 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE **PSTD** ☐ Delete TITLE NAME NAAMANI, RABIH NAME 19151 S ST ANDREWS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change (T) Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

> SINDINDIE MI SIGNATURE AND TYPED OR PRINTED NAME

☐ Delete

Enagnary 1-11-02

Change

☐ Addition

CR2E034 (9/01)