

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99.0000 26107

1. Entity Name

MILLENNIUM ELECTRONICS & COMM. Corp.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90075 005 ***150.00

A0062796

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4737 West Flagler Street
Miami FL 33134

4737 West Flagler Street
Miami, FL 33134

2. Principal Place of Business

2550 NW 72nd Ave

3. Mailing Address

P.O. Box 440647

Suite, Apt. #, etc.

Suite # 313

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

65-1030223

Applied For

Not Applicable

Zip

33122

Country

USA

Zip

33122

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARAMIS FIGUEROA
4737 West Flagler Street
Miami, FL 33134

7. Name and Address of New Registered Agent

Name

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

2550 NW 72nd Ave. Suite 313

City

Miami

FL

Zip Code

33122

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
FIGUEROA ARAMIS
4737 W FLAGLER ST
Miami FL 33134 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
FIGUEROA BARBARA G
4737 W FLAGLER ST
Miami, FL 33134 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 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

04/18/01

Date

Daytime Phone #