

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90002 013 \*\*\*158.75

DOCUMENT # 999000034454  
1. Entity Name ~~Millennium~~ Millennium platinum

Principal Place of Business Miami / Supermarket Mailing Address 275 SW 137th Ave  
Miami, FL 33185

2. Principal Place of Business Suite, Apt. #, etc. SAA 3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country

4. FEI Number 65-0912766 ☒ Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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] (NOTE: Registered Agent signature required when reinstating) DATE [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, 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	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Mplad H. Wanna</u>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>V. President</u>	<input type="checkbox"/> Delete
NAME	<u>Jacqueline Barakat</u>	
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	<u>President</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Mplad H. Wanna</u>	<u>address</u>
STREET ADDRESS	<u>1109 NW 135th Ct, Miami, FL 33182</u>	
CITY-ST-ZIP		
TITLE	<u>V. President</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Jacqueline Barakat</u>	<u>address</u>
STREET ADDRESS	<u>1109 NW 135th Ct, Miami, FL 33182</u>	
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		
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

Date

Daytime Phone #

CR2E034 (9/99)