

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000036303	
1. Entity Name Millennium Towing + Transport, Inc.	

FILED

04 AUG 30 PM 12: 26

CLERK OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7673 Hooper Rd Suite, Apt. #, etc. Bay #8 City & State West Palm Beach, FL Zip 33411		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0912721	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Ricardo Perez	
	Street Address (P.O. Box Number is Not Acceptable) 1781 Woodhaven Drive	
	Palm Springs	FL Zip Code 33406

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE _____

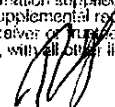
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Perez, Ricardo 1781 Woodhaven Drive Palm Springs, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700041099257 09/15/04-01035-017 **750.00
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

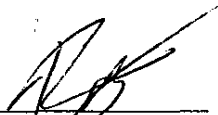
CR2E034B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$750.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2000 thru 2004 or any other notice from the Division of Corporations in respect with the Corporation **MILLENNIUM TOWING & TRANSPORT, INC.**

Thank you for your courtesy in this matter.


RICARDO PEREZ
PRESIDENT