**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 12, 2002 8:00 am P99000040037 DOCUMENT # **Secretary of State** 1. Entity Name MILLENNIUM MAINTENANCE, INC. 02-12-2002 90089 048 \*\*\*150.00 Principal Place of Business Mailing Address 611 SW 56TH AVENUE 611 SW 56TH AVENUE 921553 MIAMI FL 33134 MIAMI FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0918140 Not Applicable Zip\* Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 24hGARCIA, MYLENE Street Address (F Box Number is Not Acceptable) 611 SW 56TH AVENUE MIAMI FL 33134 MIAMI 8. The above named entity submys this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND SIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE **PSD** TITLE Addition Delete is VINAS GARCIA, MYLENE NAME NAME 611 SW 56TH AVENUE STREET ADDRESS 611 SW 56 AVE MI ami FL 3 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33134** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DHE Delete TITLE ☐ Change Addition NAME NAME --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:** 

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D1-25-62-(305/266-/02