

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041095

1. Entity Name  
**MILLENNIUM INTERNATIONAL PRODUCTIONS CORP.**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90026 006 \*\*\*150.00

Principal Place of Business  
**2800 BISCAYNE BLVD  
#530  
MIAMI FL 33137  
US**

Mailing Address  
**2800 BISCAYNE BLVD  
#530  
MIAMI FL 33137  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0929844**

Applied For  
Not Applicable

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CARO, FELIPE  
3505 S OCEAN DR NO 201  
HALLANDALE FL 33019**

7. Name and Address of New Registered Agent  
Name **FELIPE CARO**  
Street Address (P.O. Box Number is Not Acceptable)  
**2800 BISCAYNE BLVD.  
#530**  
City **Miami** FL Zip Code **33137**

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]* DATE **1/16/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD CARO, FELIPE 3505 S OCEAN DR NO 201 HALLANDALE FL 33019</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD FELIPE CARO 2800 BISCAYNE BLVD. #530 Miami, FL 33019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD RIVERA, AUDREA 3505 S OCEAN DR NO 201 HALLANDALE FL 33019</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD AUDREA RIVERA 2800 BISCAYNE BLVD. #530 Miami, FL 33019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **FELIPE CARO** DATE **1/16/01** (305) 573 1918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)