

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041664

1. Entity Name

MILLENNIUM TRAVEL, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90035 012 ***150.00

Principal Place of Business 2070 S. MILITARY TRAIL STE 105 ROYAL PALM BEACH FL 33415	Mailing Address 2070 S. MILITARY TRAIL STE 105 ROYAL PALM BEACH FL 33415-6409
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2. Principal Place of Business 2070 S. Military Tr. Suite, Apt. #, etc. suite 105 City & State West Palm Beach, FL Zip 33415 Country US	3. Mailing Address 2070 S. military TR. Suite, Apt. #, etc. suite 105 City & State West Palm Beach, FL Zip 33415 Country US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0933027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTAS, JOSE 103 MADRID STREET ROYAL PALM BEACH FL 33411	
7. Name and Address of New Registered Agent Name BARBARA Brito Street Address (P.O. Box Number is Not Acceptable) 5099 Society Pl. W. #C City WEST Palm Beach FL Zip Code 33415	

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 Barbara Brito DATE 4-30-00
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. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTAS, JOSE 103 MADRID STREET ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITO, BARBARA 5099 SOCIETY PLACE WEST #C WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITO, ARGENTINA 103 MADRID STREET ROYAL PLAM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIC Barbara Brito DATE 4-30-00 DAYTIME PHONE # 561-268-9297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)