

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047150

1. Entity Name

PC MILLENNIUM BITS, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90033 046 ***150.00

Principal Place of Business

7114 WEST 33RD LANE
HIALEAH FL 33018

Mailing Address

7114 WEST 33RD LANE
HIALEAH FL 33018-7142

2. Principal Place of Business

2606 NW 97 AVE

Suite, Apt. #, etc.

3. Mailing Address

2606 NW 97 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

65-0921961

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

JUAN HERNANDEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/23/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
HERNANDEZ, JUAN L
7114 WEST 33RD LANE
HIALEAH FL 33018 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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MARTINEZ, ANGELICA I
7114 WEST 33RD LANE
HIALEAH FL 33018 ☒ Delete

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☐ Change ☐ 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, without other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN HERNANDEZ

Date

03/23/00

Daytime Phone #

305 477 9975

CR2E034 (9/99)