## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 11, 2001 8:00 am Secretary of State DOCUMENT # P99000051214 MILLENIUM ENTERPRISES MIAMI CORP. 05-11-2001 90047 043 \*\*\*150.00 Mailing Address Principal Place of Business 644 NW 129 CT 644 NW 129 CT MIAMI FL 33182 MIAMI FL 33182 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEL Number 65-0925183 City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENAO, BEATRIZ Street Address (P.O. Box Number is Not Acceptable) 644 NW 129 CT **MIAMI FL 33182** Zip Code City FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. PSD Change Addition: T1T1.E TITLE ☐ Delete HENAO, BEATRIZ NAME NAME 644 NW 129 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33182** CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Change Addition ☐ Delete THEF TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SC-ZIE Addition Change Delete TITL F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at and that my signature shall have the same legal effect as if made under oath; that I am an officer or director supplied with this fill ental report is true ar 13. I hereby certify that the information indicated on this report or supplem ental report is ttis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver of trustee emod changed, or on an attachmi an address, SIGNATURE: Daytime Phone 8 SIGNATURE ND TYPEO OR PRINTED