

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055824

1. Entity Name

MILLENNIUM FREIGHTWAYS, INC.

Principal Place of Business

Mailing Address

12297 NORTHWEST 1ST STREET  
PLANTATION FL 33325

12297 NORTHWEST 1ST STREET  
PLANTATION FL 33325-2444

2. Principal Place of Business

4402 N.W. 74th Ave.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33122

Country

Miami-Dade

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

ALEJANDRO POMBO

Street Address (P.O. Box Number is Not Acceptable)

2659 W. 10th Ave.

City

Hialeah

FL

Zip Code  
33010

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

*Alejandro Pombo*

Alejandro Pombo VP-D

2-22-2000

DATE

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) ☐

**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

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | PD                         | <input type="checkbox"/> Delete |
| NAME           | NELMS, JOSEPH              |                                 |
| STREET ADDRESS | 12297 NORTHWEST 1ST STREET |                                 |
| CITY-ST-ZIP    | PLANTATION FL 33325        |                                 |
| TITLE          | VD                         | <input type="checkbox"/> Delete |
| NAME           | POMBO, ALEJANDRO           |                                 |
| STREET ADDRESS | 12297 NORTHWEST 1ST STREET |                                 |
| CITY-ST-ZIP    | PLANTATION FL 33325        |                                 |
| TITLE          | STD                        | <input type="checkbox"/> Delete |
| NAME           | NODAL, MARGARITA M         |                                 |
| STREET ADDRESS | 12297 NORTHWEST 1ST STREET |                                 |
| CITY-ST-ZIP    | PLANTATION FL 33325        |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

12.

| ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|---|-------------------|--|-----------------------------------|
| TITLE   |                   | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |                   |  |                                   |
| STREET ADDRESS                                    | 2659 W. 10th Ave. |  |                                   |
| CITY-ST-ZIP                                       | Hialeah FL 33010  |  |                                   |
| TITLE   |                   | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |                   |  |                                   |
| STREET ADDRESS                                    | 930 E. 14th Place |  |                                   |
| CITY-ST-ZIP                                       | Hialeah FL 33010  |  |                                   |
| TITLE   |                   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME  |                   |  |                                   |
| STREET ADDRESS                                    |                   |  |                                   |
| CITY-ST-ZIP                                       |                   |  |                                   |
| TITLE   |                   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME  |                   |  |                                   |
| STREET ADDRESS                                    |                   |  |                                   |
| 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:

*Alejandro Pombo*  
ALEJANDRO POMBO VP-D

2-25-2000 (305) 624-8193

Date

Daytime Phone #

CR2E034 (9/99)