2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062880

1. Entity Name

TRANSPORT MILLENNIUM, CORP.

FILED
00 JAN 14 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8140 NW 74 AVENUE MEDLEY FL 33166	8140 NW 74 AVENUE MEDLEY FL 33166-7453

2. Principal Place of Business	3. Mailing Address
7303 NW 79 TR	10924 SW 152 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Medley FL	City & State: Miami FL
Zip: 33166 Country: USA	Zip: 33196 Country: USA

4. FEI Number: 65-0934738 | Applied For / Not Applic.

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
MOJICA, BERTHA 8140 NW 74 AVENUE MEDLEY FL 33166	Name: Ascanio Serna Street Address (P.O. Box Number is Not Acceptable): 10195 SW 203 TR City: Miami FL Zip Code: 33189

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) DATE

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	D CASTRO, MARIA M 8140 NW 74 AVENUE MEDLEY FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/Secretary Castro Maria 10924 S.W. 152 Pl. Miami, Fl. 33196	☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOJICA, BERTHA 8140 NW 74 AVENUE MEDLEY FL 33166	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, OSCAR 8140 NW 74 AVENUE MEDLEY FL 33166	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lopez, Oscar	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Serna, Ascanio 10195 SW 203 TR Miami FL 33189	☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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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: _____ 01-11-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #