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 TY	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 Applied

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 TY 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	D ☐ Delete	TITLE	Treasurer/Secretary ☑ Change ☐
NAME	CASTRO, MARIA M	NAME	Castro Maria
STREET ADDRESS	8140 NW 74 AVENUE	STREET ADDRESS	10924 S.W. 152 PL.
CITY-ST-ZIP	MEDLEY FL 33166	CITY-ST-ZIP	Miami, Fl. 33196
TITLE	D ☑ Delete	TITLE	☐ Change ☐
NAME	MOJICA, BERTHA	NAME	
STREET ADDRESS	8140 NW 74 AVENUE	STREET ADDRESS	600003103866--8
CITY-ST-ZIP	MEDLEY FL 33166	CITY-ST-ZIP	-01/20/00--01023--001
TITLE	D ☑ Delete	TITLE	****158.75 ☐
NAME	LOPEZ, OSCAR	NAME	Lopez, Oscar
STREET ADDRESS	8140 NW 74 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL 33166	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	President ☑ Change ☐
NAME		NAME	Serna, Ascanio
STREET ADDRESS		STREET ADDRESS	10195 SW 203 TY
CITY-ST-ZIP		CITY-ST-ZIP	Miami Fl 33189
TITLE	☐ Delete	TITLE	☐ Change ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	TS ☐ Change ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ 01-11-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #