

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 99000065560

1. Entity Name

THE NEW TECH MILLENNIUM, INC

FILED

02 APR 15 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1840 W 49th ST

3. Mailing Address

Suite, Apt. #, etc.  
Ste 220

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State

Zip  
33012

Country

Zip

Country

4. FEI Number

65-0946436

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Raul Porcila

Street Address (P.O. Box Number is Not Acceptable)  
1840 W 49th St

# 220

City  
MIAMI

FL

Zip Code  
33012

**DO NOT WRITE  
IN THIS SPACE**

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 type for printed name of registered agent and fee: if applicable.

(NO I.L. Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$650.00

Amended UBR is \$61.25

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  
NAME

STREET ADDRESS  
8776 SW 12th Street  
CITY- ST- ZIP  
MIAMI, FL 33174

TITLE

NAME

STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR200005349238-1  
-04/25/02--01067--005  
\*\*\*300.00 \*\*\*300.00

2 of 2

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **THE NEW TECH MILLENNIUM, INC.**

Thank you for your courtesy in this matter.



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**RAUL PORCELA**  
**PRESIDENT**