

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0199231 AV

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1. Entity Name
MILLENNIUM PHARMACY, INC.

02-11-2002 90025 032 ***150.00

Principal Place of Business
**955 NW 3RD STREET.
 MIAMI FL 33155**

Mailing Address
**955 NW 3RD STREET
 MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **65-0946228**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUTIERREZ, LIUDA
 6622 SW 53RD TERRACE
 MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ 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, 2002 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	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PT	GUTIERREZ, LIUDA	6622 SW 53RD TERRACE	MIAMI FL 33155	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	RODRIGUEZ, ESTHER N	6381 SW 49TH STREET	MIAMI FL 33155	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

P **JOSE F. GUTIERREZ** Change Addition
8105 S.W. 89th Ct.
MIAMI, FLA 33173

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 supplementary 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 registered agent 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 in an attached report with an address with all other like empowerers.

SIGNATURE: Jose F. Gutierrez **JOSE F. GUTIERREZ**
Signature, typed or printed name of signing officer or director **PRES.**

Date: 1/20/02 Daytime Phone #: (305) 547-4646

CR2E034 (9/01)