

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90011 042 \*\*\*150.00

89101462

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P99000081534  
**Entity Name**  
 MILLENNIUM Kids Inc.

**Principal Place of Business** 8065 W 14th Ct.  
 Hialeah, Fl. 33014

**Mailing Address** 8065 W 14th Ct.  
 Hialeah, Fl. 33014

**Principal Place of Business** Suite, Apt. #, etc.  
**City & State**  
**Zip** Country

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

**4. FEI Number** EIN 65-0952825  
**Applied For** Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 Elsie Barboza Hernandez  
 8065 W 14th Ct.  
 Hialeah, Fl. 33014

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** FL **Zip Code**

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.** ☒ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>11. OFFICERS AND DIRECTORS</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
Susana Rodriguez			
8065 W 14th Ct.			
Hialeah, Fl. 33014			
	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>NAME</b>	
		<b>STREET ADDRESS</b>	
		<b>CITY - ST - ZIP</b>	
	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>NAME</b>	
		<b>STREET ADDRESS</b>	
		<b>CITY - ST - ZIP</b>	
	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>NAME</b>	
		<b>STREET ADDRESS</b>	
		<b>CITY - ST - ZIP</b>	
	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>NAME</b>	
		<b>STREET ADDRESS</b>	
		<b>CITY - ST - ZIP</b>	

**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:** Susana Rodriguez **Susana Rodriguez** 02-01-2000 305 8210554  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone

CR2E034 (9/99)