2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082375

1. Entity Name

MILLENNIUM WORLDWIDE FUNDING & INVESTMENT GROUP INC.

FILED

00 MAY -1 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business — Mailing Address

731 S.W. Tamiami BLvd
Miami FLorida 33134 — SAME

2. Principal Place of Business	3. Mailing Address
731 S.W. Tamiami Blvd	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL.	City & State
Zip: 33134 Country: DADE	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Noel Lopez
731 S.W. Tamiami Blvd.
Miami FLorida 33134

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 _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when entered in 7. 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,S,D Noel Lopez 731 S.W. Tamiami BLvd. ~~MIAMI~~ Fl ~~33134~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900003251039--9 -05/12/00--01104--007 ****476.25 ****158.75
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE Noel Lopez 4/27/00 (305) 992-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #