

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90017 001 *****8.75
 06-01-2001 90017 002 ***150.00

DOCUMENT # P99000082375		1. Entity Name	
Millennium Worldwide Funding & Investment Group inc.			
Principal Place of Business		Mailing Address	
13338 SW 9th Terrace Miami Florida 33184		SAME	
2. Principal Place of Business		3. Mailing Address	
Same as Above		Same as Above	
Suits, Apt. #, etc. -0-		Suits, Apt. #, etc. -0-	
City & State		City & State	
Miami		MIami	
Zip	Country	Zip	Country
33184	Dade	33184	Dade
4. FEI Number		Applied For	
		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input checked="" type="checkbox"/> EX			
6. Name and Address of Current Registered Agent			
7. Name and Address of New Registered Agent			
Name Regina Lloret			
Street Address (P.O. Box Number is Not Acceptable) 16155 SW 117 Avenue Bay # 7			
City Miami			
State FL			
Zip Code 33177			
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 <u>Regina Lloret/ACCOUNTANT</u> <u>Regina Lloret</u> 5/18/01			
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE MONTHLY AFTER MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P, S, D Noel Lopez 13338 SW 9th Terrace 33184 Miami FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Maria P. Lopez 13338 SW 9th Terrace 33184 Miami FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Noel Lopez</u>		Date: <u>5/24/01</u> (305) 992-7979	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (11/00)