

FILED
May 04, 2000 8:00 am
Secretary of State

A0954051



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000082810

1. Entity Name
MILLENNIUM MORTGAGE & INVESTMENT GROUP, CORP.

Principal Place of Business
13325 SW 124 ST.
FL 33187

Mailing Address
13325 SW 124 ST.
MIAMI FL 33186-6418

May 04, 2000 8:00 am

Secretary of State

05-04-2000 90231 018 ***150.00

Principal Place of Business

Mailing Address

13325 SW 124 ST.
FL 33187

13325 SW 124 ST.
MIAMI FL 33186-6418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0948261

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARCIA, JORGE
13325 SW 124 ST.
MIAMI FL 33187

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 signature required when reinstating) 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 IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
GARCIA, JORGE
13325 SW 124 ST.
MIAMI FL 33187

Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change
Addition

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Change
Addition

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/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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
Daytime Phone # (305) 232-0766