

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90124 022 ***150.00

DOCUMENT # P99000085215

1. Entity Name

MILLENIUM FOOD MANAGEMENT, CORP.

Principal Place of Business

**3400 CORAL WAY
 SUITE 600
 MIAMI FL 33145**

Mailing Address

**3400 CORAL WAY
 SUITE 600
 MIAMI FL 33145**

2. Principal Place of Business

10658 NW 7th Street

3. Mailing Address

7105 S.W 8th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33172

City & State

MIAMI FL

Zip

Country

Zip

Country

33144

4. FEI Number

65-0949926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

**GOMEZ, SAMUEL I
 3400 CORAL WAY
 SUITE 600
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7105 S.W 8th, Ste 103

City

MIAMI

FL

Zip Code

33144

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)

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**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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 GOMEZ, SAMEUL I
 1602 ALTON ROAD PMB 395
 MIAMI BEACH FL 33139**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
GOMEZ SAMUEL I

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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 CITY-ST-ZIP

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☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/02 (305) 226-3443

CR2E034 (9/01)