

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089243

1. Entity Name

MILLENNIUM LANGUAGE SERVICES INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90021 018 ***150.00

Principal Place of Business

1825 PONCE DE LEON BLVD.
SUITE #378
CORAL GABLES FL 33134

Mailing Address

1825 PONCE DE LEON BLVD.
SUITE #378
CORAL GABLES FL 33134

643983



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0954689

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TRUJILLO, LUIS F~~
~~1825 PONCE DE LEON BLVD.~~
~~SUITE #378~~
~~CORAL GABLES FL 33134~~

MICHELLE MURGADO
1825 PONCE DE LEON
378
CORAL GABLES FL 33134

Name Michelle Murgado
Street Address (P.O. Box Number is Not Acceptable) 1825 Ponce de Leon Blvd. 378
City Coral Gables FL Zip Code 33134

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 *Michelle Murgado*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE April 19, 2001

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, 2001 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	T	<input checked="" type="checkbox"/> Delete
NAME	TRUJILLO, LUIS F	
STREET ADDRESS	1825 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROGER CALA, GILMA	
STREET ADDRESS	1825 PONCE DE LEON BLVD #378	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	P	<input type="checkbox"/> Delete
NAME	MURGADO, MICHELLE	
STREET ADDRESS	1825 PONCE DE LEON BLVD #378	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)