2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # P9900090160 S & S MILLENNIUM INVESTMENT, INC. 05-09-2000 90053 030 ***150.00 Mailing Address Principal Place of Business 10805 N.W. 8TH STREET 10805 N.W. 8TH STREET PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026-4012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1. FEI Number 0961193 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUAREZ, ADRIANA Street Address (P.O. Box Number is Not Acceptable) 10805 N.W. 8TH STREET PEMBROKE PINES FL 33026 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. SD **PSD Delete** TITLE Change Addition TITLE DENISE MARTIN 17400 NW 8615 AVE NAME NAME MARTIN. DENISE STREET ADDRESS STREET ADDRESS 17400 N.W. 86TH AVENUE Mom! FL 83015 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 Addition Change ☐ Delete TITLE TITLE ADRIANA SUAREZ 10805 N.W 8th ST NAME NAME STREET ADDRESS STREET ADDRESS Pembroke Pines Cl 33026 CITY-ST-7IP CITY-ST-ZIP Change -Addition - Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition DITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TiTi F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Dalete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 aldress, with all other like empowered.

Daytime Phone #

Date