

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90239 005 ***150.00

A0066946

DO NOT WRITE IN THIS SPACE.

DOCUMENT # <i>P99000099104</i>			
1. Entity Name <i>Millennium Financial Solution Center, INC</i>			
Principal Place of Business <i>13255 SW 137 Ave #100</i> <i>Miami FL 33187</i>		Mailing Address 	
2. Principal Place of Business <i>13255 S.W. 137 Ave</i>		3. Mailing Address 	
Suite, Apt. #, etc. <i>Suite 100</i>		Suite, Apt. #, etc. 	
City & State <i>Miami FL</i>		City & State 	
Zip <i>33187</i>		Country	
6. Name and Address of Current Registered Agent <i>Ernesto Fritze</i> <i>13255 S.W. 137 Ave #100</i> <i>Miami, FL 33187</i>		7. Name and Address of New Registered Agent Name <i>Claudina Gonzalez</i> Street Address (P.O. Box Number is Not Acceptable) <i>13255 S.W. 137 Ave - Suite #100</i> City <i>Miami</i> FL Zip Code <i>33187</i>	
4. FEI Number <i>65-0960324</i>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 <i>Claudina Gonzalez</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <i>4/23/01</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution</small>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <i>PD</i> NAME <i>Ernesto Fritze</i> <input checked="" type="checkbox"/> Delete STREET ADDRESS <i>13255 S.W. 137 Ave Suite 100</i> CITY-ST-ZIP <i>Miami, FL 33187</i>		TITLE <i>PD</i> NAME <i>Claudina Gonzalez</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <i>13255 S.W. 137 Ave Suite #100</i> CITY-ST-ZIP <i>Miami, FL 33187</i>	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
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CR2E034 (11/00)

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: *Claudina Gonzalez* **DATE:** *4/23/01* **PHONE:** *305-232-0766*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR