

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101480

1. Entity Name

NEW MILLENUM ELECTRIC, CORP.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90018 044 ***550.00

Principal Place of Business

10355 N.W. 46TH STREET
 MIAMI FL 33178

Mailing Address

10355 N.W. 46TH STREET
 MIAMI FL 33178

2. Principal Place of Business

2550 NW 72ND AVENUE

3. Mailing Address

2550 NW 72ND

Suite, Apt. #, etc.

215

Suite, Apt. #, etc.

215

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL. 33122

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

65-0965454

Applied For

Not Applicable

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PST
 NAME GARCIA, MANUEL E
 STREET ADDRESS 1300 NE MIAMI GARDEN DR. APT. 712
 CITY-ST-ZIP NORTH MIAMI FL 33179 ☐ Delete

TITLE VICE-PTE - SECRETARY
 NAME JOSE CANTIZANO
 STREET ADDRESS 10355 NW 46ST.
 CITY-ST-ZIP MIAMI, FL. 33178 ☐ Change ☒ Addition

TITLE VPD
 NAME GARCIA, MANUEL E
 STREET ADDRESS 1300 NE MIAMI GARDEN DR. APT. 712
 CITY-ST-ZIP NORTH MIAMI FL 33179 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

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]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)