

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105325

1. Entity Name

MIAMI MILLENNIUM MEDICAL, INC.

R

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-09-2000 90034 007 ***150.00

Principal Place of Business

1280 ALI BABA AVENUE
 OPA LOCKA FL 33054

Mailing Address

1280 ALI BABA AVENUE
 OPA LOCKA FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0965802

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

DUARTE, PEDRO L
 1280 ALI BABA AVENUE
 OPA LOCKA FL 33054

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 \$150.00
After MAY 1, 2000 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 PD ☐ Delete
 NAME DUARTE, PEDRO L
 STREET ADDRESS 9102 S.W. 127TH AVENUE
 CITY-ST-ZIP MIAMI FL 33186

TITLE PSD ☒ Change ☐ Addition
 NAME DUARTE, PEDRO L.
 STREET ADDRESS 9102 SW 127 Avenue
 CITY-ST-ZIP MIAMI, FL 33186

TITLE SD ☒ Delete
 NAME GUTIERREZ, JOSE H
 STREET ADDRESS 35 N.W. 28TH AVENUE
 CITY-ST-ZIP MIAMI FL 33125

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/00 (205) 953-1145

CR2E034 (9/99)