

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90353 003 ***150.00

DOCUMENT # P99000105325

1. Entity Name

MIAMI MILLENNIUM MEDICAL, INC.

Principal Place of Business

Mailing Address

~~1280 ALL BADA AVENUE~~
~~OPA LOCKA FL 33054~~

~~1280 ALL BADA AVENUE~~
~~OPA LOCKA FL 33054~~

13057 SW 133ct
 MIAMI, FL 33186

13057 SW 133ct
 MIAMI, FL 33186

B0126229



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0965802

Applied Fee

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

DUARTE, PEDRO L

~~1280 ALL BADA AVENUE~~~~OPA LOCKA FL 33054~~

13057 SW 133 ct
 MIAMI, FL 33186

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 re-registering)

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DUARTE, PEDRO L 9102 S.W. 127TH AVENUE MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

CR2503-110-00

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 my address with the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

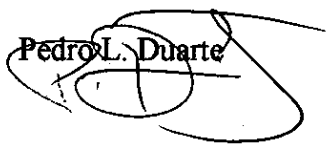
06/21/02

DIVISION OF CORPORATIONS
UBR FILINGS

Attachment
Document #
P99000105325
B0126229

Dear Sir or Madam: On April 30, 2002 we sent the annual business report.
We noticed that the check sent with the report has not cleared and called your
Office on June 19, 2002 and we were told that the report has not been processed
By your office, so we assumed that perhaps it has been lost in the mail or misplaced.
So we are sending a copy of the original filing and another check for \$150.
We appreciate your cooperation,

Sincerely,


Pedro L. Duarte

13057 SW 133ct.
Miami, Fl. 33186