## , 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED DOCUMENT # **P99000106621** Aug 02, 2000 8:00 am 1. Entity Name Secretary of State NEW MILLENNIUM LOGISTICS, INC. 08-02-2000 90156 027 \*\*\*150.00 Mailing Address Principal Place of Business 10099 NW 89 AVE. BAY 3-4 10099 NW 89 AVE. BAY 3-4 MEDDLEY FL 33178 MEDDLEY FL 33178 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TABORDA, TERESA Street Address (P.O. Box Number is Not Acceptable) 10240 SW 56 STREET SUITE 115 **MIAMI FL 33165** Zip Code City 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) nature, typed or printed name of registered agent and title if applicable 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PICS ident **™**Addition TITLE Delete THLE ZAULISSOON CHRIS NAME NAME NW 5 ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE P. Secretary NAME NAME NW 5 5T STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ISHWAR ANDERSON V. P. Treasurer. Addition ☐ Change ☐ Delete TITLE NAME NAME Annowwood Court STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

LAYURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(attach ment) Doc# P99000106621 D0076046

July 27, 2000

Department of State
Division of Corporation
Tallahassee, Fl

Ref: Doc P99000106621

We are enclosing a check for \$150.00 for the renewal fees for New Millennium Logistics, Inc. We did not get the form to file in the mail; we did not realize that the fees were not paid for year 2000. Please abate the penalties. Thank you,

Teresa Taborda

Register Agent

10099 NW 89<sup>th</sup> Ave Bay 3-4

Meddley Fl 33178