

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State
 04-26-2002 90011 010 ***150.00

DOCUMENT # P99000106621

1. Entity Name
NEW MILLENNIUM LOGISTICS, INC.

Principal Place of Business
10099 NW 89 AVE. BAY 3-4
MEDDLEY FL 33178

Mailing Address
10099 NW 89 AVE. BAY 3-4
MEDDLEY FL 33178

2. Principal Place of Business
10049 NW 89 AVE BAY #5
 Suite, Apt. #, etc.

3. Mailing Address
10049 NW 89 AVE BAY #5
 Suite, Apt. #, etc.

City & State
MEDLEY FL
 Zip
33178
 Country
DAVE

City & State
MEDLEY FL
 Zip
33178
 Country
DAVE

4. FEI Number **65-0967846**
 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TABORDA, TERESA
10240 SW 56 STREET SUITE 115
MIAMI FL 33165

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	RAUKISSOON, CHRIS	
STREET ADDRESS	13440 NW S STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33325	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SEECHARRAN, RAMDAS	
STREET ADDRESS	13440 NW 5TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33325	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ANDERSON, ISHWAIL	
STREET ADDRESS	2759 ARROWWOOD CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Iswhail Anderson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/01)