

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90219 012 ***158.75

00063123

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000107885** ✓

1. Entity Name

NEW MILLENNIUM MARKETING CONSULTING, CORP.

Principal Place of Business

Mailing Address

338 NW 152nd. LANE
Pembroke Pines - F1
33028

338 NW 152nd. LANE
Pembroke Pines - F1
33028

2. Principal Place of Business

same above

Suite, Apt. #, etc.

3. Mailing Address

same above

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0981107

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSALVA DUQUE DA SILVA TAPIGLIANI
338 NW 152nd. LANE
PEMBROKE PINES - FL 33028

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT

☐ Delete

ROSALVA DUQUE DA SILVA TAPIGLIANI

338 NW 152nd. LANE

Pembroke Pines F1 33028

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VICE PRESIDENT

CARLOS A. TAPIGLIANI

338 NW 152nd. Lane

Pembroke Pines F1 33028

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosalva Duque da Silva Tapiagliani 06/02/00 (954) 430-5223
 430-0327

Date

Daytime Phone #

CR2E034 (9/99)