2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000108259** Feb 18, 2000 8:00 am **Secretary of State** MILLENNIUM SYSTEMS CORP 02-18-2000 90033 001 ***100.00 Mailing Address Principal Place of Business 3370 NW 72 AVENUE 3370 NW 72 AVENUE MIAMI FL 33122 MIAMI FL 33122 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0967150 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name (1001601 1200460 MADRIGAL, RODRIGO 10720-WEST FLAGLER ST. SUITE #19 Miami FL 33174 s registered office or registered agent, or both, in the State of Florida. 8. The above named entity ubmits this statem (NOTE: Registered Agent signature required when reinstating) 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. ☐ Change Addition ☐ Delete TITLE TITLE NAME MADRIGAL, DAIRO NAME STREET ADDRESS STREET ADDRESS **3370 NW 72 AVENUE** CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 ☐ Addition ☐ Change Delete TITLE TITLE MADRIGAL, RODRIGO NAME NAME 3370 NW 72 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33122** Addition ☐ Delete TITLE NAME VALENCIA, JESUS A NAME STREET ADDRESS STREET ADDRESS 3370 NW 72 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-X CITY-ST-ZIP 13. I hereby certify that the information supplied with this fill to 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

14-02-2000