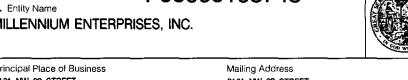
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108748





FILED Apr 18, 2003 8:00 am Secretary of State

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1. Entity Name MILLENNIUM ENTERPRISES, INC.					04-18-2003 90137 (,19 130	.00	
Principal Place 8121 NW 60 S MIAMI FL 331		Mailing Address 8121 NW 60 STREET MIAMI FL 33166			E NORMON SIO NOMO ROBIL OLINO COM ALIAC NARI		81 88 1 81 8 88 1	
2. Principal F	ncipal Place of Business 3. Mailing Address		_					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State		4.	FEI Number 65-0968211	68211 Applied For Not Applicable		
Zip	Zip Country Zip Count		ry	5.	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Curren	t Registered Agent			7.	Name and Address of New Registered	Agent	
מ בחבים	A TRIOLA			Name		ı		
PEREZ, PA			Ī	Street Address (P.O. Box Number is Not Acceptable)				
8121 NW 60 STREET · MIAMI FL 33166		ŀ						
MIN MAIL I	33 100	_	Ì	City		F	Zip Cod	le
	e named entity submits this statement tions of registered agent. Patricia - Perez Signature, typed or printed name of registered agent	Seulu		d office or regisi		gent, or both, in the State of Florida. I am		and accept
		t and tite it applicables = (NO)	TE: Registered	Agent signature requi	irea when	relinstating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of the control o	• • • • • • • • • • • • • • • • • • •				Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND		11.		. Al	L DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP	PEREZ, PATRICIA 6911 NW 77 AVENUE MIAMI FL 33166	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP			☐ Chánge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	į.	☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREE CITY-S	T ADDRESS	-		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Defete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby o	certify that the information supplied wit	☐ Delete	CITY-S		Section	119.07(3)(i), Florida Statutes. I further co	Change	Addition

of the corporation or the receiver or trustee 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 among end to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: