FILED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111356 1. Entity Name MILLENNIUM SYSTEMS.COM, INC.						Mar 25, 2000 8:00 am Secretary of State 03-25-2000 90009 030 ***150.00			
Principal Place	e of Business	Mailing Address							
2908 NW 72ND AVE MIAMI FL 33122		2908 NW 72ND AVE MIAMI FL 33122							
2. Principal Place of Business		3. Mailing Addres	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			DO NOT WRITE I	N THIS SPACE		
City & State	9	City & State	City & State			4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Cour	ntry		Certificate of Status Desired	\$8.75 Add	litional	
====	6. Name and Address of Cur	rent Registered Agent		<u> </u>	7. 1	Name and Address of New Regi			
• ZULUAGA, RUBEN -				Name L UZ A. SiERRA Street Address (P.O. Box Number is Not Acceptable)					
	SW 132 CT CIRCLE			79	00	N.W. 72 AV	ENVE		
				City M	i A	ns	FL Zip Code		
8. The above	named entity submits this statemed			red office or reg				D	
Tax filing r	oration is eligible to satisfy its Intan equirement and elects to do so. ria on back)	After M.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financ Trust Fund Contribution.		0 May Be I to Fees	
11.	OFFICERS	AND DIRECTORS	12.		AE	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZULUAGA, RUBEN \$426 SW 132 CT CIRC LE	Qel	NAM STR				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	D SIERRA, LUZ A 5101 SW 138 AVE	□ Del	NAM STR	LE ME REET ADDRESS	SIER. PID Sloj	RAILUZ, A. S.W. 138 avl. mij Fl331	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL.33175 S SIERRA, CARLOS 2908 NW 72 AVE	☐ Del	iete Titt NAI STF	ME REET ADDRESS	<u>60 i:14:</u>	m-1-1 1376	☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL 33122	□ Del	iete Titi NAI Str	ME REET ADDRESS			Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ Del	lele TIT NAI STR	ME REET ADDRESS			Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Del	lete TIT NAI STI	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP			. Change	Addition	

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 suppliemental 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP