

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90484 011 ***150.00

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DOCUMENT # P0000014101

1. Entity Name
RODAMIENTOS INTERNATIONAL, INC.
n/k/a Milenium Supply Inc.

Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134	Mailing Address 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134
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00033140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9930 N.W. 21 Street	3. Mailing Address 9930 N.W. 21 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 65-0985664	Applied For <input type="checkbox"/> Not Applicable
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Zip 33172	Country Dade	Zip 33172	Country Dade	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Alvaro Castillo B., Esquire Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue Suite 200 City Miami FL Zip Code 33131
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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 **3-3-01**

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE D/VP/	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, MIGUEL A		NAME S	
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 711		STREET ADDRESS 9930 N.W. 21 Street	
CITY-ST-ZIP CORAL GABLES FL 33134		CITY-ST-ZIP Miami, Florida 33172	
TITLE	<input type="checkbox"/> Delete	TITLE D/P/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME T	
STREET ADDRESS		STREET ADDRESS 9930 N.W. 21 Street	
CITY-ST-ZIP		CITY-ST-ZIP Miami, Florida 33172	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Miguel Martin, Director** 3/3/01 (305) 371-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)