

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90060 024 \*\*\*150.00

FORM 10 1/02

**DOCUMENT # P00000014101**

1. Entity Name  
**MILENIUM SUPPLY, INC.**



Principal Place of Business  
**9920 NW 21 ST  
MIAMI FL 33172**

Mailing Address  
**9920 NW 21 ST  
MIAMI FL 33172**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0985664**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RAPPORT, STEPHEN R  
1390 BRICKELL AVENUE  
SUITE 200  
MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name **CASTILLO, ALVARO R**  
Street Address (P.O. Box Number is Not Acceptable)  
**1390 BRICKELL AVENUE, Suite 200**  
City **MIAMI** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, MIGUEL A</b>	
STREET ADDRESS	<b>9930 NW 21 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>DE LOS ANGELES, MARIA</b>	
STREET ADDRESS	<b>9930 NW 21 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin Miguel A. de los Angeles* **REQUIRED** 1/9/2003 786 2810407  
Date Daytime Phone #

CR2E034 (10/02)

**2001 UNIFORM BUSINESS REPORT (UBR)**

*Attachment*  
*30008877*

DOCUMENT # **P00000014101**

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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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business 9930 N.W. 21 Street Suite, Apt. #, etc	3. Mailing Address 9930 N.W. 21 Street Suite, Apt. #, etc
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City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 65-0985664
Zip 33172	Country Dade	Zip 33172
	Country Dade	

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RAPPORT, STEPHEN R**  
201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES FL 33134

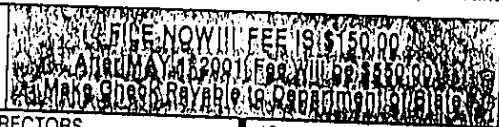
*Please, correct since 2001 Thanks.*

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 33131

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]* DATE **3-3-01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)



10. Election Campaign Financing Trust Fund Contribution.  \$5.00 Additional Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE PD	NAME MARTIN, MIGUEL A	TITLE D/VP	NAME Miguel Martin
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 711	CITY-ST-ZIP CORAL GABLES FL 33134	STREET ADDRESS 9920 N.W. 21 Street	CITY-ST-ZIP Miami, Florida 33172
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	
TITLE	NAME	TITLE D/P/	NAME Maria de los Angeles Martin
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 9920 N.W. 21 Street	CITY-ST-ZIP Miami, Florida 33172
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	

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, 12, changed, or on an attachment with an address and all other data empowered.

SIGNATURE: *[Signature]* Miguel Martin, Director 3/3/01 (305) 371-55-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR