

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002109**

1. Entity Name

MILLENNIUM OPTIONS, LTD.

FILED

02 MAY -1 PM 6:25

FILED

02 MAY -1 PM 6:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2875 NE 191 STREET
STE 502
AVENTURA FL 33180

Mailing Address

2875 NE 191 STREET
STE 502
AVENTURA FL 33180

2. Principal Place of Business

210-174st
Suite, Apt. #, etc.
2201

3. Mailing Address

210-174st.
Suite, Apt. #, etc.
2201

DUE BY MAY 1, 2002

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0897940

Applied For

Not Applicable

Zip

33160

Country

U.S.A.

Zip

33160

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHECHTER ASSET MANAGEMENT, LLC
210-174 STREET
APT 2201
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$1,316,250.00

10. Amount of Capital Contributions in FLORIDA to date.

925,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L98000001795
NAME SHECHTER ASSET MANAGEMENT, L.L.C.
STREET ADDRESS 210-174 ST., - 2201
CITY-ST-ZIP N. MIAMI BEACH FL 33160

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800005510018--6
-05/15/02--01012--005
*****526.25 *****526.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/02 3057755617

Date

Daytime Phone #

CR2E003 (9/01)