

2000 UNIFORM BUSINESS RE REGISTRATION (JBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

06-27-2000 90003 035 ***150.00

DOCUMENT # 999000010015
 1. Entity Name THIRD MILLENNIUM PAYROLL, INC

Principal Place of Business Mailing Address
19370 COLLINS AVE C216
MIAMI BEACH, FL 33160

2. Principal Place of Business 3. Mailing Address
19370 Collins Ave 19370 Collins Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
C 216 C 216

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
MIAMI BEACH FL MIAMI BEACH FL Agreed for Not Applicable
 Zip Country Zip Country
33160 MIAMI-DOCK 33160 MIAMI-DOCK
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
FRANK X. SCHREIBER Name
19370 COLLINS AVE C216 Street Address (P.O. Box Number is Not Acceptable)
MIAMI BEACH, FL 33160 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 Frank Schreiber DATE 07/18/00
 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) ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: [Signature] Date 6/5/2000 Daytime Phone # 305-621-0220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)