

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000009

1. Entity Name

THE MILLENNIUM IDT FUND, LTD.

Principal Place of Business

Mailing Address

FILED

01 MAR -5 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1515 S. Federal Hwy

Suite, Apt. #, etc.  
Suite 210

City & State  
Boca Raton FL

Zip  
33432

Country  
USA

3. Mailing Address

1515 S. Federal Hwy

Suite, Apt. #, etc.  
Suite 210

City & State  
Boca Raton FL

Zip  
33432

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1058795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Feingold, David J.  
3300 PGA Blvd. Ste 410  
Palm Beach Gardens, FL 33410

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$100,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

0

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 # F99000004575  
NAME IDT Funding Corp  
STREET ADDRESS ORISSA HOUSE East Bay Street  
CITY-ST-ZIP NASSAU, BAHAMAS

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

800003819718-4  
03/09/01 01007-025  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)