

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000788

1. Entity Name
MILLENNIUM INVESTORS, LTD.



FILED

03 JUL -7 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5190 NW 167 STREET, STE. #113
MIAMI FL 33014

Mailing Address
5190 NW 167 STREET, STE. #113
MIAMI FL 33014

2. Principal Place of Business
7777 NW 146 ST.

3. Mailing Address
7777 NW 146 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
MIAMI LAKES, FL.

City & State
MIAMI LAKES, FL.

4. FEI Number
65 0912766

Applied For
Not Applicable

Zip
33016

Country
U.S.A.

Zip
33016

Country
U.S.A.

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

SHOMAR, SHADI
5190 NW 167 STREET, STE. #113
MIAMI FL 33014

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. \$99.98

10. Amount of Capital Contributions in FLORIDA to date. 99.98

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
ZAKI, MIRA H
600 NE 36TH ST.
MIAMI FL 33137

STREET ADDRESS
CITY-ST-ZIP
2317 SW 127th Ave
Miramar, FL 33027

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
ZAKI, HANI N
600 NE 36TH ST.
MIAMI FL 33137

STREET ADDRESS
CITY-ST-ZIP
2317 SW 127th Ave
Miramar, FL 33027

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
000018472430
05/08/03--01006--025 **52.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
000018472430
07/07/03--01081--003 **88.75

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/03

Date

(305) 474.0086

Daytime Phone #

CR2E003 (10/02)

000008 AT