

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005087

1. Entity Name

MILLENIUM CAPITAL CONSULTING CORPORATION

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90036 001 ***158.75

Principal Place of Business

1128 SW 26TH AVENUE
BOYNTON BEACH FL 33426

Mailing Address

1128 SW 26TH AVENUE
BOYNTON BEACH FL 33426-7816

2. Principal Place of Business

1128 SW 26th Ave

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Boynton Bch, FL

City & State

Zip

Country
USA

Zip
33426

Country

4. FEI Number

13-3900541

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOYED, MITCHELL C
2499 GLADES ROAD
SUITE #105
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Mark Antonucci

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

1128 SW 26 Ave

City Boynton Bch, FL

FL

Zip Code 33426

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. 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

TITLE PCEO
NAME ANTONUCCI, MARK V
STREET ADDRESS 1128 SW 26TH AVENUE
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. CEO.

Date

Daytime Phone #

1/26/00 661-369-9675