

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005585

1. Entity Name

AMERICAN MILLENNIUM INVESTMENT CORPORATION

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90037 020 \*\*\*558.75

Principal Place of Business

Mailing Address

5874 DEERFIELD PLACE  
LAKE WORTH FL 33463

~~5874 DEERFIELD PLACE~~  
~~LAKE WORTH FL 33463-0759~~

2. Principal Place of Business

3. Mailing Address

Box 540102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Worth, FL

4. FEI Number

65-0768061

Applied For

Not Applicable

Zip

Country

Zip

Country

33454

USA

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

PARADISO, DON A

~~5874 DEERFIELD PLACE~~  
~~LAKE WORTH FL 33463~~

Address  
Correction

Name

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

4045 Bahia Isle Circle

City

Wellington

FL

Zip Code

33467

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PSTD~~  
NAME PARADISO, DON A  
STREET ADDRESS 5874 DEERFIELD PLACE  
CITY-ST-ZIP LAKE WORTH FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Secretary

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President  
Christian T. Chiari  
3815 W. Olive Ave #101  
Burbank, CA 91505

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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

Date

Daytime Phone #

8/24/00

(561) 967-7300

CR2E034 (9/99)