

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000658

1. Entity Name

INTERNATIONAL MILLENNIUM 2000, L.C.

Principal Place of Business

2206 WEST ATLANTIC AVENUE, #204  
DELRAY BEACH FL 33445-4637

Mailing Address

2206 WEST ATLANTIC AVENUE, #204  
DELRAY BEACH FL 33445-4671

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0839228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON & SIMON CHARTERED ATTORNEYS  
2255 GLADES ROAD, SUITE 226-A  
BOCA RATON FL 33431

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MEM ☐ Delete  
NAME SPITZ, FRED M  
STREET ADDRESS 1625 N.E. 4TH COURT  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE MEM ☐ Delete  
NAME WEXLER, RONALD  
STREET ADDRESS 2206 WEST ATLANTIC AVENUE, #204  
CITY-ST-ZIP DELRAY BEACH FL 33445-4637

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

TITLE MEM ☐ Delete  
NAME JOSEPH, EDWIN  
STREET ADDRESS P.O. BOX 1878, GLOUCESTER COURTHOUSE  
CITY-ST-ZIP GLOUCESTER VA 23061

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

TITLE MEM ☐ Delete  
NAME FINN, JOHN J JR.  
STREET ADDRESS 2160 WEST ATLANTIC AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33445-4637

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1.10.2000

Date

561 278 1112

Daytime Phone #

FILED

00 FEB -4 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE