

# 2000 UNIFORM BUSINESS REPORT (UBR)

0011719 AF

DOCUMENT # L98000001581

1. Entity Name  
NEW MILLENNIAL, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 19 PM 4:29

Principal Place of Business  
7303 NORTH NEBRASKA AVE.  
TAMPA FL 33604

Mailing Address  
7303 NORTH NEBRASKA AVE.  
TAMPA FL 33604-4918



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3529418

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DRUMMOND, TEMPLE H ESQ.  
C/O KASS HODGES, P.A.  
1505 NORTH FLORIDA AVENUE  
TAMPA FL 33602

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 MGR  
NAME SHRENK ENTERPRISES, INC.  
STREET ADDRESS 7303 NORTH NEBRASKA AVE.  
CITY- ST- ZIP TAMPA FL 33604 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME 9000003302039-8  
STREET ADDRESS -06/23/00-01004-015  
CITY- ST- ZIP \*\*\*\*\*55.00 \*\*\*\*\*55.00

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  
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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:

*Michael Shrenk*  
Michael Shrenk  
MANAGER

4/28/00

(813) 236-1230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #