

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003164**

1. Entity Name

EXPO MILLENNIUM, L.L.C.

FILED

00 JAN 24 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6900 N.W. 77 TERRACE
MEDLEY FL 33166

Mailing Address

6900 N.W. 77 TERRACE
MEDLEY FL 33166-2540

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

660874737 **APPLIED FOR**

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANASTER, JOSHUA D ESQ.
1428 BRICKELL AVE., EIGHTH FLOOR
MIAMI FL 33131

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
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SAUER, BERTHOLD
6900 N.W. 77 TERRACE
MEDLEY FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VICE PRESIDENT ☐ Change ☒ Add
GERHARD L. SAUER MGRM
6900 N.W. 77 TERR.
MEDLEY, FL 33166. ☐ Change ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

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800003111788
-01/26/00--01110--001
*******50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

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 REQUIRED GERHARD L. SAUER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/5/00 305-884-1