

# 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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

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**

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

**7. Name and Address of New Registered Agent**

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**

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

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

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

TITLE  
NAME  Change   
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change   
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change   
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change   
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change   
STREET ADDRESS  
CITY-ST-ZIP

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

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: **Gerhard L. Sauer** **SIGNATURE REQUIRED GERHARD L. SAUER** 1/5/00 305-884-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #