

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # L99000001879

1. Entity Name  
NEW MILLENNIUM PROMOTIONS, LLC

00 FEB 14 PM 12:43

Principal Place of Business  
200 EAST BROWARD BOULEVARD  
FORT LAUDERDALE FL 33301

Mailing Address  
C/O ENTIN & MARGULES, P.A.  
200 EAST BROWARD BOULEVARD  
FORT LAUDERDALE FL 33301-1963



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3648677

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

MARGULES, LEON R  
C/O ENTIN & MARGULES, P.A.  
200 EAST BROWARD BLVD.  
FORT LAUDERDALE FL 33301

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 ☐ Delete  
MGR  
HABER, ROGER S  
STREET ADDRESS  
200 EAST BROWARD BOULEVARD  
CITY- ST- ZIP  
FORT LAUDERDALE FL 33301

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
inf 2/23/00

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

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
6000003153066-4  
-03/01/00--01077--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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

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

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

TITLE NAME ☐ 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 REQUIRED

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

ROGER HABER

Date

2/8/2000

Daytime Phone #

212 768 2100

CR2E083 (9/99)