

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000076

1. Entity Name

NEW MILLENNIUM CELEBRATIONS OF LIFE INC.

Principal Place of Business

2122 NE 167 STREET #G2
NORTH MIAMI BEACH FL 33162

Mailing Address

2122 NE 167 STREET #G2
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

17150 N.E. 23rd Ave #2

Suite, Apt. #, etc.

#2

City & State

NMB, FL

Zip

33160

Country

USA

3. Mailing Address

17150 N.E. 23rd Ave

Suite, Apt. #, etc.

#2

City & State

NMB, FL

Zip

33160

Country

USA

4. FEI Number

65-1000189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBER, RUDOLPH SR
1411 NW 175 STREETE
MIAMI FL 33169

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

4/30/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Rudolph Barber	
STREET ADDRESS	1411 N.W. 175th Street	D
CITY-ST-ZIP	Miami, Florida, 33169	
TITLE	Vice-President	☐ Delete
NAME	Steven Ray	
STREET ADDRESS	15636 N.E. 2nd Ave.	D
CITY-ST-ZIP	NMB, FL, 33162	
TITLE	Board Member	☐ Delete
NAME	Patty Ray	
STREET ADDRESS	15636 N.E. 2nd Ave.	D
CITY-ST-ZIP	NMB, FL, 33162	
TITLE	Secretary	☐ Delete
NAME	Doris K. Darvynple	
STREET ADDRESS	14617 N.W. 7th Ave	
CITY-ST-ZIP	Miami, FL, 33168	
TITLE	Treasure	☐ Delete
NAME	Richard Ferguson	
STREET ADDRESS	1960 N.E. 167th St	
CITY-ST-ZIP	NMB, FL, 33162	
TITLE	Board Member	☐ Delete
NAME	Judith De Rosa	
STREET ADDRESS	3596 S.W. 69th Terr.	
CITY-ST-ZIP	Micramar FL, 33023	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. SIGNATURE: Karen Suggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000 (305) 944-4376

Date

Daytime Phone #

FILED
Sep 14, 2000 8:00 am
Secretary of State

05-17-2000 91040 001 ****30.68

05-17-2000 91040 002 ****30.63



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)