

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000608987

1. Entity Name

MILLENNIUM SURVEYORS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 28 PM 2:47

Principal Place of Business

Mailing Address

10000 STIRLING ROAD STE 5  
COOPER CITY, FL. 33024

10000 STIRLING ROAD STE 5  
COOPER CITY, FL. 33024

2. Principal Place of Business

10000 STIRLING ROAD

Suite, Apt. #, etc.

SUITE 5

3. Mailing Address

10000 STIRLING ROAD

Suite, Apt. #, etc.

SUITE 5

DO NOT WRITE IN THIS SPACE

City & State

COOPER CITY, FLORIDA

City & State

COOPER CITY, FLORIDA

4. FEI Number

65-1003789

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARLES J. BONFIGLIO, JR.  
10000 STIRLING ROAD SUITE 5  
COOPER CITY, FL. 33024

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT, SECY, DIR.  
CHARLES J. BONFIGLIO, JR.  
10000 STIRLING ROAD SUITE 5  
COOPER CITY, FL. 33024

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100004467621--0  
-07/10/01--01063--007  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES J. BONFIGLIO, JR.

4-30-01

954 436-8108

CR2E034 (11/00)