2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE 5

10000 STIRLING ROAD

DOCUMENT # P0000008987

1. Entity Name

SUITE 5

Principal Place of Business

10000 STIRLING ROAD

MILLENNIUM PROCESSING, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90322 020 ***150.00

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COOPER CITY	OCOPER CITY PE 33024											
2. Principal P	lace of Business	3. Mai	3. Mailing Address				I INDIISERY III BRIIJI BRIIJI RAIJI RAIJI RAIJI ARI			3011 001 001		
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State	9	City & State				4. F	65-1003789		· -	pplied For ot Applicable		
Zip	Country	Zip Coun			У	5. C	5. Certificate of Status Desired S8.75 Addition Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
					Name							
BONFIGLIO, CHARLES J JR.					Street Address (P.O. Box Number is Not Acceptable)							
	PRLING RD., STE. 5			_								
COUPER	CITY FL 33024		-									
•					City			FL	Zip Cod	de		
	named entity submits this statement f	or the purp	ose of changing its	s registere	d office or reg	gistered age	ent, or both, in the State of Florida.	i am far	niliar with	, and accept		
the obligati	ions of registered agent.											
SIGNATURE .												
	Signature, typed or printed name of registered agen	t and title if app	olicable. (NOT	E: Registered	Agent signature re	equired when rei	instating)	DATE				
	ILE NOW!!! FEE IS \$150.00						9. Election Campaign Financi	ng	\$5.0	00 May Be		
After May 1, 2003 Fee will be \$550.00							Trust Fund Contribution.	Ĭ 🗖		d to Fees		
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.							DITIONS (CHANGES TO CERCE	C AND D	IDECTOR	2C INI 11		
IO. VILE	PSD OFFICERS AND	Delete		11.		ADI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1					
IAME	BONFIGLIO, CHARLES J JR.		CT Delete	NAME					_ Change			
STREET ADDRESS	10000 STIRLING RD., STE. 5			STREE	T ADDRESS							
CITY-ST-ZIP	COOPER CITY FL 33024	TY FL 33024		CITY-	ST-ZIP							
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HAME STREET ADDRESS				NAME STREE	T ADDRESS							
DITY-ST-ZIP				City-								
12. Thereby o	certify that the information supplied wit	th this filing	does not qualify fo	or the exem	notion stated	in Section 1	119.07(3)(i). Florida Statutes I furti	ner certify	that the	information		

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 607, 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:

SKNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-07

954 436-8108

Daytime Phone #

CR2E034 (10/0