

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014414

1. Entity Name

NEW MILLENNIUM VENTURES CORP

Principal Place of Business
1515 UNIVERSITY DR. SUITE 111
CORAL SPRINGS FL 33071

Mailing Address
1515 UNIVERSITY DR. SUITE 111
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SADDI, NAVEEN
1515 UNIVERSITY DR, SUITE 111
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name GARY LIVIGNE
Street Address (P.O. Box Number is Not Acceptable)

1515 University Drive, Suite 111
Coral Springs, FL 33071

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-1-01
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

TITLE PD ☒ Delete
NAME SADDI, NAVEEN
STREET ADDRESS 1515 UNIVERSITY DR, SUITE 111
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE VD ☐ Delete
NAME LIVIGNE, GARY
STREET ADDRESS 1515 UNIVERSITY DR, SUITE 111
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME P.D. Livigne, Gary
STREET ADDRESS 1515 University Drive, Suite 111
CITY-ST-ZIP Coral Springs, FL 33071

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

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01
Date

954-346-7028
Daytime Phone #

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90001 015 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)