

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90328 044 ***150.00

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

80100407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **8010 W McNab Rd** **3. Mailing Address** **8010 W McNab Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **N. Lauderdale** **City & State** **N. Lauderdale**
Zip **33068** **Country** **Zip** **33068** **Country**

4. FEI Number **65-0979165** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LIVIGNE, GARY
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 **8010 W McNab Rd**
City **N. Lauderdale** **FL** **Zip** **33068**

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]* **DATE** **1-10-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 <input type="checkbox"/> Delete	NAME LIVIGNE, GARY
STREET ADDRESS 1515 UNIVERSITY DR, SUITE 111	
CITY-ST-ZIP CORAL SPRINGS FL 33071	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CEO, D
STREET ADDRESS 8010 W McNab Rd	
CITY-ST-ZIP N. Lauderdale, FL 33068	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 **954-720-4511**

Date Daytime Phone #

CR2E034 (9/01)