2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91593 024 ***150.00

552244

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000021621

1. Entity Name
Millennia Mortgage Lenders, Inc

Principal Place of Business	Mailing Address
3501 W. Vine St Ste. 269 Kissimmee, FL 34741	Same

2. Principal Place of Business		3. Mailing Address	
3501 W. Vine St.		Same	
Suite, Apt. #, etc.: Suite 272		Suite, Apt. #, etc.	
City & State: Kissimmee, FL		City & State	
Zip: 34741	Country: USA	Zip	Country

4. FEI Number: 59-3631716 ☐ Applied For ☐ Not Applicable

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
William Schacht 3501 W. Vine St. #269 Kissimmee, FL 34741	Name: William Schacht Street Address (P.O. Box Number is Not Acceptable): 3501 W. Vine St Ste. 272 City: Kissimmee FL Zip Code: 34741

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: William Schacht [signature] 4/30/01
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 Feroza Schacht	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President + Dir. (PD) Feroza Schacht 2225 Whispering Maple Dr Orlando FL 32832	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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] Pres 4/30/01 (407) 944-4310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #