

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90492 010 \*\*\*150.00

**DOCUMENT # P00000023610**

1. Entity Name

**MILLENNIUM INDUSTRY ARTIST MANAGEMENT INC.**

Principal Place of Business

900 W. AVE., #627  
MIAMI BEACH FL 33139

Mailing Address

900 W. AVE., #627  
MIAMI BEACH FL 33139

2. Principal Place of Business

**900 WEST AVE.**

3. Mailing Address

**900 WEST AVE.**

Suite, Apt. #, etc.

**# 619**

Suite, Apt. #, etc.

**# 619**

City & State

**MIAMI BEACH, FL**

City & State

**MIAMI BEACH, FL**

4. FEI Number

**65-0993101**

Applied For

Not Applicable

Zip

**33139**

Country

**DADE**

Zip

**33139**

Country

**DADE**

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

**CONTARINI, ANTONIO R**  
**900 W. AVE., #627**  
**MIAMI BEACH FL 33139**

Name

**CONTARINI, ANTONIO R**

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

**900 WEST AVE #619**

City

**MIAMI BEACH**

FL

Zip Code

**33139**

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 **ANTONIO R. CONTARINI, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

**3/8/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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 **PRESIDENT, VP, T.S** ☐ Delete  
NAME **ANTONIO R. CONTARINI**  
STREET ADDRESS **900 WEST AVE. #619**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

TITLE **VICE-PRESIDENT, SECRETARY** ☒ Delete  
NAME **HARVEY K. POWELL**  
STREET ADDRESS **4714 SW 67TH AVE #C1**  
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **VICE-PRESIDENT, SECRETARY** ☒ Change ☒ Addition  
NAME **ANTONIO R. CONTARINI**  
STREET ADDRESS **900 WEST AVE #619**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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 and empowered.

SIGNATURE: **ANTONIO R. CONTARINI** **3/8/01** **(305) 538-9980**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)