2001 UNIFORM BUSINESS REPORT (UBR)

DOO	INACNIT # DOOOOO	126467			
DOCUMENT # P0000036467 1. Entry Name MILLENNIUM MONEY MAKERS, INC.				SEGRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business 11690 SW 144TH AVE MIAMI FL 33186		Mailing Address 11690 SW 144TH AVE MIAMI FL 33186			01 OCT 25 PM 12: 22
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number / Applied For
Zip Country		Zip Country		·	5. Certificate of Status Desired \$8.75 Additional
	6Name and Address of Current	Paulatana di Ainana manana		<u> </u>	7. Name and Address of New Registered Agent
÷ 971	EINBERG, MARK S 9 S DIXIE HWY, STE 17 ECREST FL 33156-2834		Name 1/1/2/Street Address (F		11 PINE M. WILLIAMS 20. Box Number is Not Acceptable) AVENUE M1. 33/86 FL Zip Code
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Characteristic Characteristi				10. Election Campaign Financing \$5.00 May Be	
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, VIVIENNE 11680 SW 144TH AVE MIAMI FL 33186	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGS, CAROL 11680 SW 144TH AVE MIAMI FL 33186	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition &
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYNCH, INGRID 11680 SW 144TH AVE MIAMI FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition 6000047005966 -11/30/0101055017 ****400.00 ****400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORDO, ELLEN 11680 SW 144TH AVE MIAMI FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIFLE 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
of the cor	on inis report or supplemental record is t	rue and accurate and that my vered to execute this report as	r sionahira shall l	hava tha ca	ion 119.07(3)(i), Florida Statutes, I further certify that the information me legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if