

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90008 011 \*\*\*150.00

**DOCUMENT # P00000063021**

1. Entity Name  
**MILLENNIUM SEARCH, INC.**

Principal Place of Business  
**2642 TAYLOR ST.  
HOLLYWOOD FL 33020**

Mailing Address  
**2642 TAYLOR ST.  
HOLLYWOOD FL 33020**

2. Principal Place of Business  
**1000 W. Mc NAB Rd.**

3. Mailing Address  
**P.O. Box 222813**



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
**283**

Suite, Apt. #, etc.

City & State  
**FT LAUD FL**

City & State  
**Hollywood FL**

4. FEI Number  
**65-1023807**

Applied For  
Not Applicable

Zip  
**33069** Country  
**U.S.**

Zip  
**FL 33022** Country  
**U.S.**

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**

**ZIMMERMAN, STEPHEN L  
737 EAST ATLANTIC BLVD.  
POMPANO BEACH FL 33060**

Name

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

City

**FL**

Zip Code

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, 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  
**D COLAIZZI, CARL  
2642 TAYLOR ST. P.O. Box 222813  
HOLLYWOOD FL 33020 33022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P CARL Colazzi  
P.O. Box 222813  
Hollywood, FL 33022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)