FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90091 022 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 85585

1. Entity Name
MILLENNIUM PROPERTIES GROUP INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2499 GLADES ROAD	2499 GLADES ROAD
Suite, Apt. #, etc.: 101	Suite, Apt. #, etc.: 101
City & State: BOCA RATN FL	City & State: BOCA RATON, FL
Zip: 33431 Country: P.B	Zip: 33431 Country: PR

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1041916 ☐ Applied For ☑ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GARRELLEK STEVEN

Street Address (P.O. Box Number is Not Acceptable): 200 S. FEDERAL HWY

SUITE 200

City: BOCA RATN **FL** Zip Code: 33432

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	THRITY MALHOTRA
STREET ADDRESS	10863 JAPONICA CT
CITY-ST-ZIP	BOCA RATN, FL 33498
TITLE	LILY CORTEZ VDS
NAME	
STREET ADDRESS	22364 PINE APPLE WALK
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/02 561-347-9211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #