

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P00000089540

FILED

1. Entity Name
BEYOND THE NEW MILLENNIUM INC

DEC -3 AM 10:41

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009314100
12/03/02--01037--011 **70.00

2. Principal Place of Business
510 TOWN CENTER MAIL PO BOX 880574

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1163

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33432

Country
Palm Beach

Zip
33488

Country
Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1041377

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
KARIM ALI MOMIN

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

9767 PALMA VISTA WAY

City
BOCA RATON FL 33428

**DO NOT WRITE
IN THIS SPACE**

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 KARIM ALI MOMIN PRESIDENT 11/20/02

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT/SECRETARY
KARIM ALI MOMIN
9767 PALMA VISTA WAY
BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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: KARIM ALI MOMIN PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/02 581-702-7957

Date

Daytime Phone #