## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am Secretary of State DOCUMENT # P00000103937 05-28-2002 91614 039 \*\*\*150 00 NEXT MILLENNIUM EXPORT. INC. Principal Place of Business Mailing Address 2706 NW 123RD WAY PO BOX 8375 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33075 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 65-1054043 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-RICH, GLENN R Street Address (P.O. Box Number is Not Acceptable) 2706 NW 123RD WAY **CORAL SPRINGS FL 33065** City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition RICH, GLENN R NAME NAME STREET ADDRESS 2706 NW 123RD WAY STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME RICH, DEBORAH A NAME STREET ADDRESS 2706 NW 123RD WAY STREET ADDRESS CITY-ST-7IP CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME HAND, MICHAEL P NAME STREET ADDRESS #83 SHOYS STREET ADDRESS CITY-ST-ZIP CHRISTIANSTED ST. CROIX 00824 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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FILED

Attachment

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
O DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



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