2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2003 8:00 am Secretary of State

0203117 AV

P00000103937 DOCUMENT # 04-10-2003 90115 002 ***150.00 1. Entity Name 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 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 65-1054043 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition ☐ Detete NAME RICH, GLENN R NAME STREET ADDRESS 2706 NW 123RD WAY STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME RICH, DEBORAH A STREET ADDRESS STREET ADDRESS 2706 NW 123RD WAY CITY-ST-ZIP CITY-ST-ZiP **CORAL SPRINGS FL 33065** Addition Delete TITLE TITLE NAME NAME HAND, MICHAEL P STREET ADDRESS STREET ADDRESS #83 SHOYS CITY-ST-ZIF CITY-ST-ZIP CHRISTIANSTED ST. CROIX 00824 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



3/16/03

(954)796-5953

Daytime Phone