

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90321 005 \*\*\*150.00

**DOCUMENT #** P01000011237  
**1. Entity Name**  
MILLENNIUM MANAGEMENT HOLDINGS CORP. ✓

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>2220 SE SUSSET LANE<br>PT. ST. LUCIE FL 34953 | <b>Mailing Address</b><br>2220 SE SUSSET LANE<br>PT. ST. LUCIE FL 34953 |
|---|---|

|  |  |
|--|--|
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>Suite, Apt. #, etc. |
| <b>City &amp; State</b>                                      | <b>City &amp; State</b>                          |
| <b>Zip</b>   | <b>Country</b>                                   |



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| <b>4. FEI Number</b><br>65-1091779                               | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                         |

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br>EDGE, JOSEPH<br>932 SW BAYSHORE BLVD.<br>PT. ST. LUCIE FL 34983 | <b>7. Name and Address of New Registered Agent</b><br>-Name-<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

|  |  |  |
|--|--|--|
| <b>9.</b> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$550.00</b><br><b>After September 13, 2002 Fee will be \$750.00</b><br><b>Make Check Payable to Department of State</b> | <b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|--|--|

| 11. OFFICERS AND DIRECTORS   |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>PRESIDENT<br>BRADLEY R. PETRI<br>2220 SW SUSSET LN<br>PORT ST. LUCIE, FL 34953    | <input type="checkbox"/> Delete            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>VICE PRESIDENT<br>TONYA L. PETRI<br>2220 SW SUSSET LN<br>PORT ST. LUCIE, FL 34953 | <input type="checkbox"/> Delete            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>T & S<br>ALEXANDER H. BERINGER<br>4902 S HENINGWAY CIRCLE<br>MARGATE, FL 33063    | <input type="checkbox"/> Delete            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>S<br>CRAIG SMALL<br>126 NW EVERGLADES BLVD<br>STUART, FL 34994                    | <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**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:** BRADLEY R. PETRI **7-13-02 772-559-4999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)



Attachment

A PO 10000611237  
122347

Divisions of Corporations  
P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern,

This letter is to request the late fee be waived for Millennium Holding Group, EIN 65-1091779. Millennium Holding Group has just received the renewal notice for the corporation. This is the first notification received.

If you have any questions concerning this please do not hesitate to contact us. Our phone number is 772-336-7244.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bradley R. Petri".

Bradley R. Petri  
President