2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000017539 **DOCUMENT #**

1. Entity Name

SIGNATURE:

Principal Place of Business

MILLNECK DEVELOPMENT CORP.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90193 037 ***150.00

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7040 W. PALMETTO PARK ROAD. SUITE 2-500 BOCA RATON FL 33433		Mailing Address 7040 W. PALMETTO PARK ROAD, SUITE 2-500 BOCA RATON FL 33433				1 1116 1 11511 14001 0	
2. Principal Place of	Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HEDE IE MA	ANIMO CHANOC	-0
City & State		City & State			4. FEI Number 59-3702037 Applied For		
Zip	Country	Zip	Country	5	Certificate of Status Desired	\$8.75 A	Not Applicable additional
6. N	Registered Agent	-1	<u></u>	. Name and Address of New Registe	Fee Requi	red	
0411777			N	lame	Traine and Address of New Registe	red Agent	<u> </u>
SALVER, PAUL				Street Address (P.O. Box Number is Not Acceptable)			
	STREET STE 101			Treet Address (F.O.	Box Number is Not Acceptable)		
MIAMI LAKES FL	33014						1
1			C	ity		Zip Co	de
8. The above named	entity submits this statement for	the purpose of changing its	E registered of	#1	igent, or both, in the State of Florida. I		
the obligations of re	egistered agent.	we parpose or snariging its	a registered of	nce or registered a	igent, or both, in the State of Florida.	am familiar with	n, and accept
SIGNATURE					,		
Signature,	typed or printed name of registered agent a	nd title if applicable. (NOT	TE: Registered Ager	nt signature required when	reinstating)	ATE	
FILE NO	W!!! FEE IS \$150.00			-			
After May 1,	2003 Fee will be \$550.00 le to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees
10. OFFICERS AND DIRECTORS					D. C.		
TITLE : D		☐ Delete	11.	A	DDITIONS/CHANGES TO OFFICERS		
NAME TOMAS	SELLO, DEBRA		NAME	ļ		Change	Addition
STREET ADDRESS 7040 W	V. PALMETTO PARK ROAD,	SUITE 2-500	STREET ADD	RESS			
	RATON FL 33433		CITY-ST-ZII	P			
TITLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS			NAME				
CITY-ST-ZIP		ئ نىڭ ئىسانىك ئىڭ ئارانىڭ	STREET ADD	RESS			
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NAME		□ Delete	TITLE NAME			Change	Addition
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CITY-ST-ZIP		_	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	CT Addition
NAME STREET ADDRESS			NAME			☐ Change	Addition
CITY-ST-ZIP			STREET ADDR	BESS			
TITLE			CITY-ST-ZIP	·			
NAME		☐ Delete	TITLE		·· ·	☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADDR	Ecc		•	
CITY-ST-ZIP			CITY-ST-ZIP	133			
ITLE		□ Delete	TITLE				
IAME		→ Detele	NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRE	ESS			ł
CITY-ST-ZIP			CITY-ST-ZIP				
 I hereby certify that indicated on this rep of the corporation or changed, or on an a 	the information supplied with the cort or supplemental report is true the receiver or true tee empower tachment with an edglesso with	is filing does not qualify for to ue and accurate and that my pered to execute this report as	the exemption y signature sha s required by	stated in Section 1 all have the same le Chapter 607, Floric	19.07(3)(i), Florida Statutes. I further oggal effect as if made under oath; that a Statutes; and that my name appears	certify that the in I am an officer of s in Block 10 or	formation or director Block 11 if