

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90198 044 \*\*\*150.00

0329207 AV

**DOCUMENT # P01000082190**  
 1. Entity Name  
**MILLENIUM BLOCK, INC.**

Principal Place of Business      Mailing Address  
**7210 SOUTHGATE BLVD.**      **7210 SOUTHGATE BLVD.**  
**TAMARAC FL 33321**      **TAMARAC FL 33321**

2. Principal Place of Business      3. Mailing Address  
**2604 Riverside Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      FFL Number  
**Coral Springs FL**      **FL, 33065**      **05-1131-878**  
 Zip      Country      Zip      Country  
**33065**      **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DELERME, NETTE**  
**7210 SOUTHGATE BLVD.**  
**TAMARAC FL 33321**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2604 Riverside Drive**  
**Coral Springs FL**      Zip Code **33065**

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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DELERME, NETTE</b> <b>7210 SOUTHGATE BLVD.</b> <b>TAMARAC FL 33321</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2604 Riverside Drive</b> <b>Coral Springs, FL 33065</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Nette Delorme*      Date: 3/20/02      Daytime Phone #: (954) 295-2563

CP2E034 (9/01)