## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 24, 2002 8:00 am P01000085427 DOCUMENT # **Secretary of State** 1. Entity Name 03-24-2002 90011 019 \*\*\*150.00 MILLENIUM ELECTRICAL & CONTRACTING, CO. Principal Place of Business Mailing Address 2244 SALERNO CIR 2244 SALERNO CIR WESTON FL 33327 WESTON FL 33327 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 Not Applicable Country Country Zip Zip \$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 Name BORTOLIN, SONIA ESQ. Street Address (P.O. Box Number is Not Acceptable) 7101 W MCNAB RD TAMARAC FL 33321 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE TITLE ☐☐ Change ☐ Addition Delete TARHAN, RECEP M NAME NAME 2244 SALERNO CIR STREET ADDRESS STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT NARINC ARSLAND PARK RD. B BLD. APT TITLE NARINC, ARSLAN NAME NAME STREET ADDRESS 300 W PALMETTO PARK RD B BLD APT 614 MB 71 STREET ADDRESS 614 MB71 BOLD RAZEN PL 33432 CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP DST TITLE TITLE ☐ Change Addition TARHAM, TUNC A NAME NAME STREET ADDRESS 2244 SALERNO CIR STREET ADDRESS CITY-ST-7IE WESTON FL 33327 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-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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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(m/1) 200 1222

FILED