

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90128 020 \*\*\*150.00

**DOCUMENT # P01000113599**

1. Entity Name  
**MILLENNIUM DEVELOPMENT ENTERPRISES, INC.**

Principal Place of Business <b>1290 WESTON ROAD          SUITE 300          FORT LAUDERDALE FL 33331</b>	Mailing Address <b>1290 WESTON ROAD          SUITE 300          FORT LAUDERDALE FL 33331</b>
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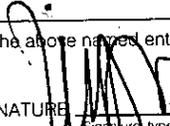
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2800 Weston Rd</b> Suite, Apt. #, etc. <b>Suite 204</b>	3. Mailing Address <b>PO Box 268270</b> Suite, Apt. #, etc.
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City & State <b>Weston FL</b>	City & State <b>Weston FL</b>	4. FEI Number <b>01-0553379</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33326</b>	Country	Zip <b>33331</b>	Country

6. Name and Address of Current Registered Agent <b>LEGAL INFORMATION SERVICES, INC.          2800 WESTON ROAD          SUITE 104          WESTON FL 33331</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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:  **Ignacio**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

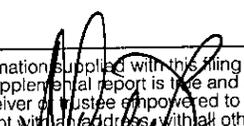
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**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>D</b> <b>MARTINEZ, IGNACIO</b> <b>2800 WESTON ROAD SUITE 204</b> <b>WESTON FL 33331</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EPELBOIM, NOEL</b> <b>2800 WESTON ROAD SUITE 204</b> <b>WESTON FL 33331</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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:**  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/11/02** Daytime Phone #: **954-365-2500**

CR2E034 (9/01)