

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

ATX1

DOCUMENT # PO1000114935

1. Entity Name
MILLENNIUM TILE & MARBLE, INC.

03 MAR 14 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
1071 PANACEA BLVD #208

NORTH PORT FL,
34287

200014412922
03/20/03--01056--012 **158.75

2. Principal Place of Business **3. Mailing Address**
718 E VENICE AVE.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State **City & State**
VENICE, FL

4. FEI Number **Applied For**
66-8837 **03-0450414** Not Applicable

Zip **Country** **Zip** **Country**
34292 USA

5. Certificate of Status Desired **\$8.75** **Additional**
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILBERTO J. VITNISKI
1071 PANACEA BLVD #208
NORTH PORT, FL 34287

Name
GILBERTO J. VITNISKI
Street Address (P.O. Box Number is Not Acceptable)
718 E. VENICE AVE.

City **FL** **Zip Code**
VENICE 34292

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
Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$650.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** **May Be**
Trust Fund Contribution. **Added to Fees**

11. OFFICERS AND DIRECTORS **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR	<input type="checkbox"/> Delete	TITLE DIRECTOR, PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VITNISKI, GILBERTO J		NAME VITNISKI, GILBERTO J	
STREET ADDRESS 1071 PANACEA BLVD #208		STREET ADDRESS 718 E. VENICE AVE.	
CITY - ST - ZIP NORTH PORT, FL 34287		CITY - ST - ZIP VENICE, FL 34292	
TITLE	<input type="checkbox"/> Delete	TITLE DIRECTOR, V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME GETTY, RAY E.	
STREET ADDRESS		STREET ADDRESS 2161 BIARRITZ DRIVE	
CITY - ST - ZIP		CITY - ST - ZIP MIAMI BEACH, FL 33141	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CRE034 (9/99)

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]* **03/03/03** **941-625-2838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #