FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90356 001 *****8.75
02-13-2002 90356 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115373 ✓

1. Entity Name: Millennium Properties of Ocala, Inc

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13208

2. Principal Place of Business	3. Mailing Address
1626 SE 29th Terr	1626 SE 29th Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala, FL
Zip: 34471 Country: USA	Zip: 34471 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3761144 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Seema Prashad
Street Address (P.O. Box Number is Not Acceptable): 1626 SE 29th Terr
City: Ocala **FL** Zip Code: 34471

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: SPrashad V-President DATE: 1/28/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P/T
NAME	Prashad, Rakesh
STREET ADDRESS	1626 SE 29th Terr
CITY-ST-ZIP	Ocala, FL 34471
TITLE	V/S
NAME	Prashad, Seema
STREET ADDRESS	1626 SE 29th Terr
CITY-ST-ZIP	Ocala, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SPrashad Date: 1/28/02 Daytime Phone #: (352) 694-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR