

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90350 008 \*\*\*150.00

**DOCUMENT # P02000017325**

1. Entity Name  
**MILLENNIUM SECURITY AGENCY, INC.**



Principal Place of Business  
**6710 MCKINLEY ST  
HOLLYWOOD FL 33024**

Mailing Address  
**6710 MCKINLEY ST  
HOLLYWOOD FL 33024**

2. Principal Place of Business  
**8301 FLORIDA DRIVE  
Suite, Apt. #, etc.  
SUITE # 118**

3. Mailing Address  
**P.O. Box 840137  
Suite, Apt. #, etc.**

City & State  
**PEMBROKE PINES  
Zip  
33025  
Country  
U.S.A**

City & State  
**PEMBROKE PINES  
Zip  
33084  
Country  
U.S.A**

4. FEI Number  
**74-3028132**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DRIVE  
CLEARWATER FL 33761**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GIOVANNI BARONE** **PRESIDENT** **01/22/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>BARONE, GIOVANNI</b>	<b>6710 MCKINLEY ST</b>	<b>PO Box 840137</b>	
		<b>HOLLYWOOD FL 33024</b>	<b>PEMBROKE PINES</b>	
			<b>FL, 33084</b>	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 10 or Block 11 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

**GIOVANNI BARONE** **01/22/03**

Date

**954-961-4900**

**786-246-6784**

Daytime Phone #

CR2E034 (10/02)