2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000047152

1. Entity Name



FILED Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90102 014 ***150.00

NEW MILLENIUM H.C. INC							0111 2005	70102	11 13	0.00	
Principal Place of Business 874! NW 4TH CT W 201 PLANTATION FL 33324			Mailing Address 8741 NW 4TH CT W 201 PLANTATION FL 33324					oran da la Sana da San			
•	्राच्या १८८६ च्या च्या १८८६ च्या च्या १८८६ च्या १८ १९८६	·	and the second	•							
2. Principal F	Place of Business NING CT #, etc.	3. Mailing Address 8741 NW 45 Suite, Apt. #, etc.			-	_					
WZO)	W	W201				CHECK HERE IF MAKING CHANGES				
City & State Plan [alion Fl			Plantation Fl			75-3052668			—	Applied For Not Applicable	
Zip	Country	Zip		Coun	•	5. (Certificate of Status Desired		\$8.75 A	dditional	
33 <i>32</i> .	6. Name and Address of Current		B C C C L	PIC	owjord		Name and Address of New I		Fee Requir	red	
	or reality and Addition of Garlone	nogratore	.a Agont		Name		and Address of their	togioto:co	луот		
-	, MICHELINE				Street Address	(PO. B	Box Number is Not Acceptabl	e)			
	4TH CT W 201				0.00011.0000	235 (1.0. Box Hamber to Hot recopiable)					
PLANTATI	ION FL 33324										
					City			FI	L Zip Co	de	
	named entity submits this statement fortions of registered agent.	r the purp	ose of changing its r	egister	ed office or registe	red ag	ent, or both, in the State of Fl	orida. I am	familiar with	n, and accept	
SIGNATURE .											
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE:	Registere	d Agent signature require	d when re	einstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of		- :		سينه و دريه		Election Campaign Fi Trust Fund Contribution	_		00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTO	RS	11,		AD	L DITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 11	
TITLE	OFRAND MUR	ur ut	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	8741 NW 45ct, Was			NAME Street address							
CITY-ST-ZIP		3322			-ST-ZIP					ŀ	
TITLE	Registered ageni		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	Micheline thoma			NAM	E ET ADDRESS						
CITY-ST-ZIP	Planty Tion Fl 333	301			-ST-ZIP						
TITLE	Incorporator	7	☐ Delete	TITLE				- -	☐ Change	☐ Addition	
NAME STREET ADDRESS	CTUI dowse wexand	lre		MAM	E ET ADDRESS						
CITY-ST-ZIP	8741NW 45, W201 MANTATION F/ 3333	°.CL			-ST-ZIP						
TITLE	111111111111111111111111111111111111111	7	☐ Delete	TITLE	<u> </u>		<u> </u>		☐ Change	Addition	
NAME				NAM	,					{	
STREET ADDRESS CITY-ST-ZIP		-			ET ADDRESS : -ST-ZIP						
TITLE			Delete	TITLE					☐ Change	☐ Addition	
NAME				NAM						ĺ	
STREET ADDRESS CITY-ST-ZIP	y ange o a seema	gara -r saa	سهرمه مهرد المنسب		ET ADDRESS STY 344 - ST-ZIP	<u> </u>	ه منسسید مخید بیدادی دید د د		-		
TITLE			□ Delete	TITLE					Change	Addition	
NAME				NAMI	ſ						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP						
	certify that the information supplied with	this filing	does not qualify for			ection 1	119.07(3)(i), Florida Statutes.	I further ce	ertify 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 paner like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR