

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90058 002 \*\*\*150.00

**DOCUMENT # P96000044595**

**1. Entity Name**  
**MILLENNIUM MEDICAL SUPPLIES, INC.**

**Principal Place of Business**

**Mailing Address**

**1499 SW 30TH AVE**  
**STE 14**  
**BOYNTON BEACH FL 334266**

**1499 SW 30TH AVE**  
**STE 14**  
**BOYNTON BEACH FL 334266**

**2. Principal Place of Business**

**3. Mailing Address**

**1100 Barnett Drive #43**

**1100 Barnett Drive**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**#43**

**43**

**City & State**

**City & State**

**Lake Worth FL**

**Lake Worth FL**

**Zip**

**Zip**

**33461**

**Country**

**Country**

**US**

**US**

**4. FEI Number** **65-0672925**

**Applied For**

**Not Applicable**

**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**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**RUSS, MICHAEL**  
**170 HEMMING WAY**  
**BOYNTON BEACH FL 33426**

**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**

**DATE**

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, 2001 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**

**TITLE** **VS** ☐ **Delete**  
**NAME** **CORDING, JEFFREY**  
**STREET ADDRESS** **15356 ALEXANDER RUN**  
**CITY-ST-ZIP** **JUPITER FARMS FL 33478**

**TITLE** **PT** ☐ **Delete**  
**NAME** **RUSSO, MICHAEL**  
**STREET ADDRESS** **170 HEMMING WAY**  
**CITY-ST-ZIP** **BOYNTON BEACH FL 33426**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Michael J Russo Pres** **12/27/00** **(561) 721-0662**

CR2E034 (10/00)