

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90068 013 ***550.00

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DOCUMENT # P96000049937

1. Entity Name

MILLIONAIRE SALES, INC.



Principal Place of Business

1747 N UNIVERSITY DR
PLANTATION FL 33322
US

Mailing Address

1747 N UNIVERSITY DR
PLANTATION FL 33322
US

2. Principal Place of Business

7744 Peters Rd
Suite, Apt. #, etc.

3. Mailing Address

2765 Hampton Circle E
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Plantation FL

City & State

Delray Beach FL

4. FEI Number

65-0680875

Applied For

Not Applicable

Zip 33324

Country Steward

Zip 33445

Country Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, KENT
2765 HAMPTON CIRCLE E
DELRAY BEACH FL 33445

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 D
NAME LEWIS, MAXINE ☐ Delete
STREET ADDRESS 2765 HAMPTON CIRCLE E
CITY-ST-ZIP DELRAY BEACH FL

TITLE D
NAME LEWIS, KENT ☐ Delete
STREET ADDRESS 2765 HAMPTON CIRCLE E
CITY-ST-ZIP DELRAY BEACH FL

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

11. 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

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CITY-ST-ZIP

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

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 Lewis

Date

Daytime Phone #

7-27-03 951253 0134

CR2E034 (4/03)