

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-30-2000 90120 023 ***158.75

DOCUMENT # **P96000055268**

1. Entity Name
Millennium Marble & Tile Inc.

Principal Place of Business Mailing Address
-20725 NE 16th Ave Bay #13 **SAME**
N. Miami Beach Fl 33179

2. Principal Place of Business
20725 NE 16th Ave
 Suite, Apt. #, etc.
Bay # 13
 City & State
N. Miami Beach Fl 33179
 Zip Country
33179 U.S.

3. Mailing Address
SAME
 Suite, Apt. #, etc.
 City & State
 Zip Country
33179 U.S.

4. FEI Number
650678260
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
William B Tetreault
1021 S. Park Rd #209
Hollywood Fl 33021

7. Name and Address of New Registered Agent
 Name **William B. TETREAULT**
 Street Address (P.O. Box Number is Not Acceptable)
1021 S. Park Rd. #209
 City **Hollywood** FL Zip Code **33021**

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 *William B Tetreault*
 Signature, typed or printed name of registered agent and title if applicable

6/27/2000
 DATE

(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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	President William B Tetreault 1021 S Park Rd #209 Hollywood Fl, 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Jamie Tetreault 9820 Sheridan St #211 Pembroke Pines Fl 33024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **William B. Tetreault**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B Tetreault
 Date **6/27/2000**
 Filing Proxy **(954) 989-5747**

CR2E034 (9/99)