

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092188

1. Entity Name

MILLENNIUM-NET-CORPORATION

Principal Place of Business

110 MERRICK WAY
STE 2-B
CAPE CORAL FL 33134
US

Mailing Address

110 MERRICK WAY
STE 2-B
MIAMI FL 33134
US

2. Principal Place of Business

2625 EXECUTIVE PARK DRIVE

Suite, Apt., etc.
SUITE #5

City & State
WESTON

Zip
33331

Country
U.S.A

3. Mailing Address

2625 EXECUTIVE PARK DRIVE

Suite, Apt., etc.
SUITE #5

City & State
WESTON

Zip
33331

Country
U.S.A

6. Name and Address of Current Registered Agent

GILMOND, EVELIO
110 MERRICK WAY
STE 2B
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
GILMOND, EVELIO

Street Address (P.O. Box Number is Not Acceptable)
2625 EXECUTIVE PARK DR
SUITE #5

City
WESTON

FL Zip Code
33331

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

Evelio Gilmond

EVELIO GILMOND

1/16/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SALGES, ROGELIO
110 MERRICK WAY STE 2-B
CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GILMOND, EVELIO
285 CAMERON DRIVE
FT. LAUDERDALE FL 33326

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RICCIO, ROLANDO
10680 OAK LK WY
BOCA RATON FL 33498

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY - ST - ZIP
☐ Change ☐ Addition

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:

Evelio Gilmond EVELIO GILMOND

1/16/01

954-349-3391 EXT 213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90072 013 ***158.75

900741



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0709738

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CR2E034 (10/00)