

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005215

1. Entity Name

MILLENNIUM PARTNERS, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90049 009 ***150.00

Principal Place of Business

725 N. AIA
SUITE E-206
JUPITER FL 33477

Mailing Address

725 N. AIA
SUITE E-206
JUPITER FL 33477

00035042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0725472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLAPP, EDWARD JR
2538 25TH COURT
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

KLAPP, EDWARD JR.

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

7831 S.E. DOUBLETREE DR.

City

HOBE SOUND,

FL

Zip Code

33455

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

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	POS	<input type="checkbox"/> Delete
NAME	KLAPP, EDWARD	
STREET ADDRESS	725 N. AIA, SUITE E-206	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGUERITE KLAPP	
STREET ADDRESS	7831 S.E. DOUBLETREE DR.	
CITY-ST-ZIP	HOBE SOUND, FL. 33455	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD KLAPP JR.	
STREET ADDRESS	7831 S.E. DOUBLETREE DR.	
CITY-ST-ZIP	HOBE SOUND, FL. 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

EDWARD KLAPP JR. EDWARD KLAPP JR

Date

Daytime Phone #

3-15-01 561-745-3800

CR2E034 (10/00)