

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022113

1. Entity Name
THE MILLENNIAL DEVELOPMENT CORPORATION

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90043 011 ***158.75

Principal Place of Business
18520 NW 67 AVENUE
SUITE 225
MIAMI FL 33015
US

Mailing Address
C/O BERMAN, WOLFE & RENNERT, P.A.
35TH FLOOR, 100 SOUTHEAST SECOND STREET
MIAMI FL 33131-2130

070710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18520 N.W. 67 Avenue
Suite, Apt. #, etc.
Suite 225
City & State
Miami, Florida
Zip
33015
Country
USA

3. Mailing Address
18520 N.W. 67 Avenue
Suite, Apt. #, etc.
Suite 225
City & State
Miami, Florida
Zip
33015
Country
USA

4. FEI Number 65-0734845
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WOLFE, LEON J
C/O BERMAN, WOLFE & RENNERT, P.A.
35TH FLOOR, 100 SOUTHEAST SECOND STREET
MIAMI FL 33131-2130

7. Name and Address of New Registered Agent
Name
REGISTERED AGENTS OF FLORIDA, LLC
Street Address (P.O. Box Number is Not Acceptable)
100 S.E. Second Street
Suite 3500
City Miami FL Zip Code 33131-2130

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 *Charles R. K...* V.P. 3/1/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KELLY, ANGELA R 18520 N.W. 67 AVENUE, SUITE 225 MIAMI LAKES FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, ALICE N 18520 NW 67 AVENUE, SUITE 225 MIAMI LAKES FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, DORA B. 18520 NW 67 AVENUE, SUITE 225 MIAMI LAKES FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Angela R. Kelly* 3/20/01 305 623-8098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)