

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90094 023 ***150.00

DOCUMENT # P97000022113
1. Entity Name
THE MILLENNIAL DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18520 NW 67 AVENUE		3. Mailing Address 18520 NW 67 AVENUE	
Suite, Apt. #, etc. SUITE 225		Suite, Apt. #, etc. SUITE 225	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33015	Country USA	Zip 33015	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0734845	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 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.

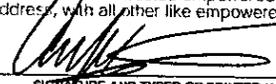
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KELLY, ANGELA R 18520 NW 67 AVENUE, SUITE 225 MIAMI LAKES, FL 33015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KELLY, ALICE N 18520 NW 67 AVENUE, SUITE 225 MIAMI LAKES, FL 33015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADLEY, DORA 18520 NW 67 AVENUE, SUITE 225 MIAMI LAKES, FL 33015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **ANGELA R. KELLY** 04/29/02 (305) 623-8098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)