

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90187 035 ***150.00

DOCUMENT # P97000044052

1. Entity Name
MILLENNIUM CONSULTING RESOURCES INC.

Principal Place of Business
8661 N.W. 38TH STREET
APT. 147
SUNRISE FL 33351

Mailing Address
8661 N.W. 38TH STREET
APT. 147
SUNRISE FL 33351



2. Principal Place of Business
4340 N.W. 103RD TERRACE

3. Mailing Address
4340 N.W. 103RD TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SUNRISE, FL.

4. FEI Number **65-0748818** **Applied For**
 Not Applicable

Zip **33351** **Country** **USA**

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

6. Name and Address of Current Registered Agent

SWACK, PHILLIP A
8661 N.W. 38TH STREET
APT. 147
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name **SWACK, PHILLIP A**

Street Address (P.O. Box Number is Not Acceptable)
4340 N.W. 103RD TERRACE

City **SUNRISE** **FL** **Zip Code** **33351**

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 *Phillip A. Swack* **PHILLIP A. SWACK** **PRESIDENT** **1/9/02**

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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	P SWACK, PHILLIP A 8661 NW 38TH STREET APT #147 SUNRISE FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWACK, PHILLIP A 4340 N.W. 103RD TERRACE SUNRISE, FL. 33351
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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)(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: *Phillip A. Swack* **PHILLIP A. SWACK** **1/9/02** **(954) 748-4676**

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

CR2E034 (9/01)