

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.

Suite, Apt. #, etc.

City & State

SUNRISE, FL.

City & State

SUNRISE, FL.

4. FEI Number

65-0748818

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33351

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWACK, PHILLIP A

8661 N.W. 38TH STREET

APT. 147

SUNRISE FL 33351

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.

***(See criteria on back)**



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 **P** ☐ Delete
NAME **SWACK, PHILLIP A**
STREET ADDRESS **8661 NW 38TH STREET APT #147**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **P** ☒ Change ☐ Addition
NAME **SWACK, PHILLIP A**
STREET ADDRESS **4340 N.W. 103RD TERRACE**
CITY-ST-ZIP **SUNRISE, FL. 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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)