

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91157 004 \*\*\*150.00

0069696 AV

DOCUMENT # **P97000091517**  
1. Entity Name  
**NEW MILLENNIUM BUSINESS CONSULTING, INCORPORATED**



Principal Place of Business  
~~109 YORKTOWN PLACE~~ **108 Alhambra Ave**  
~~SANFORD FL 32774~~ **Altamonte Spgs, FL**  
**32714**  
US

Mailing Address  
~~109 YORKTOWN PLACE~~ **380 South S.R. 434, #1004-239**  
~~SANFORD FL 32774~~  
US



2. Principal Place of Business  
**108 Alhambra Ave**  
Suite, Apt. #, etc.  
~~1004-239~~

3. Mailing Address  
**380 South S.R. 434**  
Suite, Apt. #, etc.  
**1004-239**

CHECK HERE IF MAKING CHANGES

City & State  
**Altamonte Springs, FL**  
Zip  
**32714**  
Country  
**USA**

City & State  
**Altamonte Spgs, FL**  
Zip  
**32714**  
Country  
**USA**

4. FEI Number **59-3509736** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FARESE, ANDREA**  
~~725 S. COLONY RD 427~~ **108 Alhambra Ave**  
~~OTE 109~~ **Altamonte Springs, FL 32714**  
~~LONGWOOD FL 32750~~

7. Name and Address of New Registered Agent  
Name **Andrea FARESE**  
Street Address (P.O. Box Number is Not Acceptable)  
~~108 Alhambra Ave~~ **Altamonte Spgs, FL**  
**FL** Zip Code **32714**

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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE *Andrea Faresse* **04/29/03**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <b>FARESE, ANDREA</b> <del>109 YORKTOWN PLACE</del> <b>108 Alhambra Ave</b> <del>SANFORD FL 32774</del> <b>Altamonte Spgs, FL 32714</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>108 Alhambra Ave</b> <b>Altamonte Spgs, FL 32714</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of [Name]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/29/03**  
Date Daytime Phone

CR2E034 (10/02)