

# 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

006966 AV

**DOCUMENT # P97000091517**

1. Entity Name

**NEW MILLENNIUM BUSINESS CONSULTING, INCORPORATED**



Principal Place of Business

~~108 YORKTOWN PLACE~~ 108 Alhambra Ave  
~~SANFORD FL 32774~~ Altamonte Spgs, FL  
US 32714

Mailing Address

~~108 YORKTOWN PLACE~~ 380 South S.R. 434, #1004-239  
~~SANFORD FL 32774~~  
US



2. Principal Place of Business

108 Alhambra Ave

3. Mailing Address

380 South S.R. 434

Suite, Apt. #, etc.

~~1004-239~~

Suite, Apt. #, etc.

1004-239

City & State

Altamonte Springs, FL

City & State

Altamonte Spgs, FL

Zip

32714

Country

USA

Zip

32714

Country

USA

4. FEI Number

59-3509736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**X** CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FARESE, ANDREA

~~725 S. COUNTY RD 427~~

~~STE 109~~

~~LONGWOOD FL 32750~~

108 Alhambra Ave

Altamonte Springs, FL 32714

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*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

04/29/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Registered Agent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

04/29/03

CR2E034 (10/02)