

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008392

1. Entity Name

MILLENNIUM APPAREL GROUP INC.

Principal Place of Business

P O BOX 294317
BOCA RATON FL 33429

Mailing Address

P O BOX 294317
BOCA RATON FL 33429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0808217

Applied For
Not Applicable

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

KLINE, ROBERT M

~~220 S. MILITARY TRAIL~~

~~DEERFIELD BCH FL 33442~~

Name

Street Address (P.O. Box Number is Not Acceptable)

112 SW 5TH STREET

City

POMPANO BEACH

FL

Zip Code

33060

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 PD ☐ Delete
NAME KLINE, ROBERT M
STREET ADDRESS ~~220 S. MILITARY TRAIL~~
CITY-ST-ZIP ~~DEERFIELD BCH FL 33442~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 112 SW 5TH STREET
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
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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, or by all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01

Date

561 866 5566

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE