

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 91324 021 ***150.00

DOCUMENT # P98000040674

1. Entity Name

MILLENNIUM ENTERPRISE TECHNOLOGY ARCHITECTS, INC

Principal Place of Business

Mailing Address

659 RANDY LANE
WINTER PARK FL 32789

659 RANDY LANE
WINTER PARK FL 32789

2. Principal Place of Business

6872 BITTERSWEET LN

3. Mailing Address

P.O. BOX 691625

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32819

Country

Zip

32869-1625

Country

4. FEI Number

59-3507680

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDEN, HEATHER
659 RANDY LANE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

RAMIREZ, ARMANDO

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

6872 BITTERSWEET LN

City

ORLANDO

FL

Zip Code

32819

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 date if applicable.

ARMANDO RAMIREZ, SECRETARY

2/24/01

(NOTE: Registered Agent's 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

TITLE	S	<input type="checkbox"/> Delete
NAME	HUDSON, STEVE	
STREET ADDRESS	1287 OAKFORD PL	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAMIREZ, ARMANDO	
STREET ADDRESS	7646 COCONUT CREEK CT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	WALDEN, HEATHER	
STREET ADDRESS	659 RANDY LANE	
CITY-ST-ZIP	WINTER PARK FL 32789	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, STEVE	
STREET ADDRESS	1287 OAKFORD PL	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	S/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, ARMANDO	
STREET ADDRESS	6872 BITTERSWEET LN	
CITY-ST-ZIP	ORLANDO, FL 32819	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO RAMIREZ, SECRETARY 2/24/01 (407) 359-7192

Date

Daytime Phone #

CR2E034 (10/00)