

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059249

1. Entity Name

MILLENNIUM COMPUTER SOLUTIONS, INC.

Principal Place of Business

1515 UNIVERSITY DR  
209  
CORAL SPRINGS FL 33071  
US

Mailing Address

1515 UNIVERSITY DR  
209  
CORAL SPRINGS FL 33071  
US

2. Principal Place of Business

2911 HIDDEN HOLLOW LANE  
Suite, Apt. #, etc.

3. Mailing Address

2911 HIDDEN HOLLOW LANE  
Suite, Apt. #, etc.

City & State  
DAVIE FL

Zip  
33328

Country  
USA

City & State  
DAVIE FL

Zip  
33328

Country  
USA

4. FEI Number 65-0855291

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

BAUM, JOEL S  
1515 UNIVERSITY DRIVE  
SUITE 209  
CORAL SPRINGS FL 33071

Name  
BAUM, ARNOLD J

Street Address (P.O. Box Number is Not Acceptable)  
2911 HIDDEN HOLLOW LANE

City DAVIE FL Zip Code 33328

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 *Arnold J. Baum* ARNOLD J. BAUM - PD 4/19/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAUM, JOEL S 1515 UNIVERSITY DRIVE #209 CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUM, ARNOLD 5605 SW 97TH TERRACE COOPER CITY FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAUM, ILENE 5605 SW 97TH TERRACE COOPER CITY FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUM, ARNOLD J 2911 HIDDEN HOLLOW LANE DAVIE FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAUM, ILENE J 2911 HIDDEN HOLLOW LANE DAVIE FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Arnold J. Baum* ARNOLD J. BAUM 4/19/01 (954) 236-2360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90008 014 \*\*\*150.00

643337



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)