

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000082578**

1. Entity Name

MILLENNIA LABS, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90120 011 ***150.00

Principal Place of Business

Mailing Address

1469 BANKS ROAD
MARGATE FL 33063**P.O. BOX 93-6331**
MARGATE FL 33093-6331

2. Principal Place of Business

1900 NW 54TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 93-6331

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MARGATE, FLCity & State
MARGATE, FL4. FEI Number
65-0878616

Applied For

Not Applied For

Zip

County
BROWARD

Zip

County
BROWARD5. 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

BULKAN, JEROME R
2170 NW 76TH TERRACE
MARGATE FL 33063

Name

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

City

FL

Zip Code

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BULKAN, ALFRED M	1469 BANKS ROAD	MARGATE FL 33063						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BULKAN, JEROME R	1469 BANKS ROAD	MARGATE FL 33063						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BULKAN, ANDREW R	1469 BANKS ROAD	MARGATE FL 33063						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

Jerome R Bulkan
TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROME R BULKAN

1-19-00

954-979-527

Date

Daytime Phone #