

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095541

1. Entity Name

MILLENNIUM CONCEPTS, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90018 015 ***550.00

Principal Place of Business

Mailing Address

~~3610 TERRAPIN LANE, #905~~

~~3610 TERRAPIN LANE, #905~~

~~CORAL SPRINGS FL 33067~~

~~CORAL SPRINGS FL 33067~~

2. Principal Place of Business

3. Mailing Address

100 E. LINTON BLVD

100 E. LINTON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210 B

210 B

City & State

City & State

DEIRAY BEACH

DEIRAY BEACH

Zip

Zip

33483

33483

FLA BEACH

FLA BEACH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, ROBERT

~~3610 TERRAPIN LANE, #905~~

~~CORAL SPRINGS FL 33067~~

Name

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

100 E LINTON BLVD STE 210B

City

DEIRAY BEACH

FL

Zip Code

33483

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

Robert Garcia ROBERT GARCIA/PRES.

7-21-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME GARCIA, ROBERT
STREET ADDRESS ~~3610 TERRAPIN LANE, #905~~
CITY-ST-ZIP ~~CORAL SPRINGS FL 33067~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100 E LINTON BLVD STE 210B
CITY-ST-ZIP DEIRAY BEACH, FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Robert Garcia ROBERT GARCIA/PRES.

7-21-00

Date

954
263
6219

Daytime Phone #

CR 21034 (1/00)