

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096511

1. Entity Name

MILLENNIUM MARKETING INCORPORATED

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90028 028 ***150.00

Principal Place of Business

Mailing Address

2484 NW 66TH DRIVE
BOCA RATON FL 33496

2484 NW 66TH DRIVE
BOCA RATON FL 33496-2001

2. Principal Place of Business

1130 S. Powerline Rd

3. Mailing Address

Same AS business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

City & State

City & State

DEERFIELD BEACH, FL

Zip

Zip

Country

Country

33442

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLANGELO, DARREN
2484 NW 66TH DRIVE
BOCA RATON FL 33496

Name

JASON J. COLANGELO

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

1130 S. Powerline Rd Suite 105

City

DEERFIELD Bch

FL

Zip Code

33442

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

(JASON Colangelo)

1/31/00

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: P Colangelo
NAME: COLANGELO, DARREN
STREET ADDRESS: 2484 NW 66TH DRIVE
CITY-ST-ZIP: BOCA RATON FL 33496
☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: PRESIDENT ☐ Change ☒ Addition
NAME: JASON COLANGELO
STREET ADDRESS: 1130 S. Powerline Rd Suite 105
CITY-ST-ZIP: DEERFIELD Bch, FL 33442

TITLE: VP, ST ☐ Change ☒ Addition
NAME: ☐ Change ☒ Addition
STREET ADDRESS: ☐ Change ☒ Addition
CITY-ST-ZIP: ☐ Change ☒ Addition

TITLE: PRESIDENT ☐ Change ☒ Addition
NAME: DARREN COLANGELO
STREET ADDRESS: 1130 S. Powerline Rd Suite 105
CITY-ST-ZIP: DEERFIELD Bch, FL 33442

TITLE: VICE PRESIDENT, SECRETARY, TRES. ☐ Change ☒ Addition
NAME: JASON COLANGELO
STREET ADDRESS: 1130 S. Powerline Rd Suite 105
CITY-ST-ZIP: DEERFIELD Bch, FL 33442

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(JASON Colangelo)

Date

Daytime Phone #

1/31/00 (954) 224-87100

CR2E034 (9/99)