				NESS R	EPORT	(UBR)	-	¥.	L	ofz
pocn	ÎVÎEN¶	# P	9800009	7246						
1. Entity Narr MP11er	nîun	n Er	nterprise	es of Son	LOTH DAD	DE, 9nc.	SHEE	FILED FILED	6	
Principal Place of Business Mailing Address								ETARY OF STAT N OF CORPORATI	011	
9032 SN 152ND St. 9032 SW 15. MPam?, FL 33157 MPANI, FL.							00 JI	JN 23 PM 2: 0	8	
Man	7, +1	. 33	15 1	MIAMI	1FI. 3	2124			-	
2. Principal Place of Business 3. Mailing Address							_			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			-	DO NOT WRITE IN THI	L	
City & Stat	City & State				City & State			90122 015	\$150.00 AP	plied For
Zip	Country			Zip Cour		ntry		878969	No \$8.75 Add	t Applicable
	0 No						5. Certificate of	Status Desired	Fee Required	
Λ. Η				Registered Agent ~		Name				
ANTHONY BERNARD 9032 Sui ISZND Street						Street Address (P.O. Box Number is Not Acceptable)				
Miami, Fl. 33157										
						City	FL Zip Code			
8. The above	named entit	y submits	this statement for	the purpose of cha	nging its register	red office or registi	ered agent, or both, i	n the State of Florida.		
	X [M	Phy	m	w/	(NOTE: Deviale	ed Agent signature requir	ad when reinstating)	DATE		
9 This corp			me of registered agent an isfy its Intangible	· · · · · · · · · · · · · · · · · · ·		-		<u></u>		
Tax filing r	requirement (ria on back)			After M	AY 1, 2000 Fee	will be \$550.00 lepartment of SI	Trust I	on Campaign Financing - Fund Contribution.		O-May Be
11.			OFFICERS AND [12.		ADDITIONS/CH	IANGES TO OFFICERS A		
TITLE NAME	DANTI	IONLY	Bernyi	Ri) .	lete TITL NAM		70	0000332	Change	7
STREET ADDRESS City-St-Zip	14940 MPa	Sir Mi	167th 5 Fl. 331	street 86		EET ADDRESS Y-ST-ZIP		-07/19/00- ****150.0	01115 D <u>****1</u>	-024
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CITY-ST-ZIP						Y-ST-ZIP			<u></u>	
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STREET ADDRESS					STR	EET ADDRESS			-	
CITY-ST-ZIP 13. I hereby a	certify that th	e informat	ion supplied with	this filing does not o	auglify for the eve	emption stated in 9	Section 119.07(3)(i).	Florida Statutes. I further	certify that the ir	nformation
indicated	l on this repo rooration or t	rt or supp he receive	iemental report is ir or trustee empo		and that my signa			s if made under oath; that and that my name appear		
SIGNAT	URE: 🖢	LIC	othm	The	ala-		4	128/00 (30)	1251.459	2/
		SIGNAT	URE AND TYPED OR P	INTED NAME OF SIGNIN	G OFFICER OR DIREC	TOR	•/	Date 🚬 🗕	 Daytime Phone # 	

MILLENNIUM ENTERPRISES OF SOUTH FLORIDA, INC.

May 31, 2000

Florida Department of State PO Box 6327 Tallahassee, Florida 32314

Dear Sir or Madam:

As per conversation with an agent from your department, I am re-submitting the annual report for the year 2000, along with the check totaling \$150.00

As advised by the agent, please be advised that the 1999 annual report was filed along with a payment of \$150.00 (copy attached). The agent advised me today that this was never accepted and that notification was sent to us on May 4, to address 16201 Sw 95 Avenue Ste 109, Miami, Florida 33157. However, we have since moved from that location and even though our mail was forwarded we never received any documentation from your department requesting that a correction had to be made. Please note that the check made to Department of State in the amount of \$150.00 was deposited into the account of the Florida Department of State Ac# 1009068796 for payment. Since the payment was made, we should have been notified of at least a credit on the account (request for the report) none of which has been received to date. Hence, our payment and filing of the report for the tax year 1999, to the best of our knowledge was filed in a timely manner.

Please also note that even thought this organization was registered with the Department of State, to date, we have never received the annual report to be filed.

We would like to request that the reinstatement fee and other fees totaling \$750.00 be waived.

Should you have any questions, please feel free to contact me at 305 251 4591.

Sincerely,

Anthony Bernard Director