2000 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2000 8:00 am Secretary of State DOCUMENT # P98000107936 1. Entity Name MILLENNIUM MANAGEMENT & INVESTMENT GROUP, INC. 01-19-2000 90084 011 ***150.00 电压电流 凝土的 Mailing Address Principal Place of Business 313 CLEMATAIS ST 313 CLEMATAIS ST 00003690 SECOND FLOOR SECOND FLOOR WEST PALM BEACH FL 33401-4613 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0899772 Not Applicable \$8.75 Additional Country Zip Zip Country 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VEGOSEN, DEAN **500 SOUTH AUSTRALIAN AVENUE** 10TH FLOOR WEST PALM BEACH FL 33401 Zip Code FL City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition X Delete TITI F PITTS, JEREMIAH J NAME STREET ADDRESS STREET ADDRESS 10177 N.MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 PRESIDENT Change ☐ Addition TITLE EODY, BRENT P Delete TITLE 3000 NOCEAN OR 36-B NAME EDDY, BRENT P NAME STREET ADDRESS 10177 N MILITARY TRAIL STREET ADDRESS SINDER ISLAND FL 33404 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 Change ☐ Addition VICE PRESIDENT TITLE ☐ Delete TITLE PASSINUS, JAMES T NAME PASSINOS, JAMES T NAME 940 LIGHTHOUSE DR STREET ADDRESS 940 LIGHTHOUSE DRIVE STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Addition ☐ Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #