

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90209 048 \*\*\*150.00

**DOCUMENT # P99000000695**

1. Entity Name  
**GOLDEN MILLENNIUM, INC.**



Principal Place of Business  
**609 OCEAN DR**  
**7-G**  
**MIAMI FL 33149**  
**US**

Mailing Address  
**609 OCEAN DR**  
**7-G**  
**MIAMI FL 33149**  
**US**



2. Principal Place of Business  
**1557 SOUTH LE JEUNE RD.**

3. Mailing Address  
**1557 SOUTH LEJEUNE RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**APT 1**

**APT 1**

City & State  
**CORAL GABLES**

City & State  
**CORAL GABLES**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0893258**

Applied For

Not Applicable

Zip  
**FL**

Country  
**33134**

Zip  
**FL**

Country  
**33134**

5. 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**

**YUSSYN, VERONICA**  
**609 OCEAN DR F6**  
**MIAMI FL 33149**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**X 1/14/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>YUSSIYN, ANDREA E</b> <b>609 OCEAN DR 7G</b> <b>KEY BISCAYNE FL 33149</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>YUSSYN, VERONICA</b> <b>609 OCEAN DRIVE 7E</b> <b>KEY BISCAYNE FL 33149</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

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

Date

Daytime Phone #

**X 1/14/03**

CR2E034 (10/02)