

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

08-29-2002 90006 029 \*\*\*150.00

**DOCUMENT # P99000007525**

1. Entity Name

MILLENNIUM INFORMATION GROUP, INC.

Principal Place of Business

551 NW 77TH STREET  
 #201  
 BOCA RATON FL 33487

Mailing Address

551 NW 77TH STREET  
 #201  
 BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0890505

Applied For

Not Applicable

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

RAFIAIE, ALI  
 551 NW 77TH STREET  
 STE 201  
 BOCA RATON FL 33487

Name

RAFIAIE, ALI

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

7100 CONGRESS AVE. SUITE 1121

City

BOCA RATON

FL

Zip Code 33487

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

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, 2002 Fee 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 ☐ Delete  
 NAME D  
 STREET ADDRESS RAFIAIE, ALI  
 CITY-ST-ZIP 15586 WHISPERING WILLOW  
 WELLINGTON FL 33414

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

SIGNATURE: *Rafiaie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-02-02

561-512-9292

CR2E034 (4/02)



attachment 977421  
P99000005525

July 24, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee FL 32302-1500

Dear Sir:

We mailed the original Uniform Business Report along with our check to you prior to May 1, but the check has not been paid by the bank, so we sending a new check along with a new form. We appreciate your assistance.

Sincerely,

Ali Rafiaie

President