

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**  
 03-21-2001 90026 038 \*\*\*150.00

**DOCUMENT # P99000010960**

1. Entity Name  
**MILLENNIUM AIR SUPPORT, INC.**

Principal Place of Business

Mailing Address

6601 LYONS ROAD  
 BUILDING C-8  
 COCONUT CREEK FL 33073  
 US

1650 SE 17TH ST  
 STE 301  
 FORT LAUDERDALE FL 33316-1735  
 US

9 0 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6601 Lyons Road

Suite, Apt. #, etc.

Building C-6

City & State

Coconut Creek, FL

Zip

33073-3630

Country

US

3. Mailing Address

6601 Lyons Road

Suite, Apt. #, etc.

Building C-6

City & State

Coconut Creek FL

Zip

33073-3630

Country

US

4. FEI Number **65-0897975**

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

LICARI, DIANE M  
 6601 LYONS ROAD  
 BUILDING C-8  
 COCONUT CREEK FL 33073

Name  
 Licari, Diane M.

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

6601 Lyons Road

Building C-6

City  
 Coconut Creek

FL

Zip Code  
 33073

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 Diane M. Licari President

Diane M. Licari

3/14/01

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 \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT LICARI, DIANE M 6601 LYONS RD BLDG C-8 COCONUT CREEK FL 33073	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D/T Licari, Diane M. 6601 Lyons Road Building C-6 Coconut Creek, FL 33073-3630	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address with all other like empowered.

SIGNATURE: Diane M. Licari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

954-725-4568

Daytime Phone #

CR2E034 (10/00)