2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900019281

FILED
May 03, 2001 8:00 am
Secretary of State

1. Entity Name MILLENNIUM DISTRIBUTION INC								Secretary of State 05-03-2001 90068 050 ***150.00					
501 116TH AV	ace of Business /E. N., STE, 223 URG FL 33716		Mailing Address 501 116TH AVE. N STE. 223 ST. PETERSBURG FL 33716										
2 Principal													
2. Principal Place of Business			3. Mailing Address				-:==	18611881 144 1640 1814 8841 88	III ei ah eele i i	(1816 18110 1880) (B		-	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State				4. FEI	Number 59-35563 (06		oplied For of Applicable	7	
Zip Country		Country	Ζip	Count		5. Certificate of S		tificate of Status Desired		\$8.75 Add	ditional	1	
	6. Name a	nd Address of Current Re	gistered Agent				7. Nam	ne and Address of New	Registered			1	
IQBAL, SHAHID 350 74TH AVE. N., APT. 201 ST. PETERSBURG FL 33702					Name Street A	Address (P.	ddress (P.O. Box Number is Not Acceptable)						
					City				FI	Zip Cod	e	1	
8. The above	e named entity s	submits this statement for th	e purpose of changing its	register	ed office o	r registered	d agent,	, or both, in the State of F		- 1		1	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: F 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable					IS \$150. will be \$	550.00	1	0. Election Campaign Fi Trust Fund Contribution		\$5.0 Added	O May Be to Fees		
11.		OFFICERS AND DIF		12.			ADDIT	IONS/CHANGES TO OF	FICERS AN	D DIRECTORS	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, FF 1034 W SHI SUMTER SC	erwood dr	☑ Delete							☐ Change	Addition	00/07/7001	
TITLE NAME STREET ADDRESS DITY-ST-ZIP	D Delete WILSON, ADAM 3200 OLD WINTER GARDEN RD APT 1736 OCOEE FL 34761				E Et address -St-Zip					☐ Change	Addition	cac	
ITLE HAME STREET ADORESS CITY-ST-ZIP	D Delete IGBAL, SHAHID 501 116TH AVE N STE 223 SAINT PETERSBURG FL 33716-2724				E E ET ADDRESS -ST-ZIP	ST.	النا	DIQBAL STRAVIH H ERSBURG	+223 FL-35	□Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	D Delete IMAM, NAIYER 6185 STEEPLECHASE DR -ROANOKE-VA:24018				E et address st-zip	CHAIR	MA	N PFTHE F R IMAM TEEPLECH YOKE-VA	SOARN	Change	☐ Addition		
ITLE IAME ITREET ADDRESS : ITY-ST-ZIP			☐ Delete					, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition		
ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Delete		- 1		- 1 117-24			☐ Change	Addition		
3. Thereby c	ertify that the in	formation supplied with this	filing does not qualify for	he ever	nntion etat	od in Sasti	00 110 (07/3V/i) Florido Ctatata	1.6	a26 11. 4.11 1.11			

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 AND TYPED OR PRINTED NAME OF SI

4/24/01(727)57897=