

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027835

1. Entity Name

MILLENNIUM PROPERTIES OF PALM BEACH, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90158 003 ***150.00

Principal Place of Business

Mailing Address

6 TOURNAMENT BLVD
PALM BEACH GARDENS FL 33418

6 TOURNAMENT BLVD
PALM BEACH GARDENS FL 33418-6842

2. Principal Place of Business

6 TOURNAMENT BLVD

3. Mailing Address

6 TOURNAMENT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State PALM BEACH GARDENS, FL

City & State PALM BEACH GARDENS, FL

4. FEI Number

65-0914389

Applied For

Not Applicable

Zip 33418

Country U.S.A.

Zip 33418

Country U.S.A.

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

MITCHELL, CARLOS A
6 TOURNAMENT BLVD
PALM BEACH GARDENS FL 33418

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/2000

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, 2000 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT - TREASURER
STREET ADDRESS	SILVIA G. DE MITCHELL
CITY-ST-ZIP	6 TOURNAMENT BLVD. PALM BEACH GARDENS, FL 33418
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. PRESIDENT
STREET ADDRESS	CARLOS A. MITCHELL
CITY-ST-ZIP	6 TOURNAMENT BLVD PALM BEACH GARDENS, FL 33418
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	GUSTAVO A. MITCHELL
CITY-ST-ZIP	380-1 PEDESTAL PALM BEACH GARDENS, FL 33418
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	SILVIA G. DE MITCHELL
CITY-ST-ZIP	6 TOURNAMENT BLVD PALM BEACH GARDENS, FL 33418
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	CARLOS A. MITCHELL
CITY-ST-ZIP	6 TOURNAMENT BLVD PALM BEACH GARDENS, FL 33418
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CARLOS A. MITCHELL

5/13/2000

(561) 624-6848

CR2E034 (9/99)