## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # **P99000032908** Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** OFFICIAL MILLENNIUM 2000 HERO & CHAMPION HEADQUA 03-03-2000 90268 023 \*\*\*150.00 Principal Place of Business Mailing Address 2421 SE OCEAN BLVD. 2421 SE OCEAN BLVD. STUART FL 34996 STUART FL 34996-3353 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOPKO, JAMES Street Address (P.O. Box Number is Not Acceptable) 2307 SE MONTEREY ROAD STUART FL 34996 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE ☐ Addition TITLE AUERBACH, ROGER J JR NAME NAME 2600 EAST OCEAN BLVD., Z-9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34996 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE DAUPHINEE, ROSE MARY NAME NAME 1534 LANTANA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP WESTON FL 33326 Change Addition ☐ Delete TITLE DAUPHINEE, MIKE NAME NAME 1534 LANTANA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE BISSO, WAYNE NAME NAME 874 S.W. DEL RIO BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE PORT ST. LUCIE FL 34953 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

NING OFFICER OR DIRECTOR

561-288-6514

Daytime Phone #