

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038267

1. Entity Name
MILLENNIUM CAPITAL MORTGAGE CORPORATION

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90466 008 ***150.00

Principal Place of Business
585 TECHNOLOGY PARK
STE 105
LAKE MARY FL 32746

Mailing Address
585 TECHNOLOGY PARK
STE 105
LAKE MARY FL 32746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
585 Technology Park Dr #105

3. Mailing Address
585 Technology Park Dr.

Suite, Apt. #, etc.
#105
City & State
Lake Mary, FL
Zip
32746
Country
USA

Suite, Apt. #, etc.
105
City & State
Lake Mary, FL
Zip
32746
Country
USA

4. FEI Number 59-3572060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALI, AKBAR ALLAN
585 TECHNOLOGY PARK
STE 105
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name
ALI, AKBAR ALLAN
Street Address (P.O. Box Number is Not Acceptable)
585 Technology Park Dr.
Suite 105
City
LAKE MARY FL Zip Code
32746

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 _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	KESHVARI, ROBERT	
STREET ADDRESS	3702 LAKE HOWELL LANE	
CITY-ST-ZIP	WINTER PARK FL 32792	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: B. Keshvari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/7/01 407
Daytime Phone # 805-0033

CR2E034 (10/00)