

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045184

1. Entity Name

MILLENNIUM FINANCIAL GROUP.COM, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90009 020 ***150.00

Principal Place of Business

1550 N.E. MIAMI GARDENS DRIVE
 SUITE 305
 NORTH MIAMI BEACH FL 33179

Mailing Address

1550 N.E. MIAMI GARDENS DRIVE
 SUITE 305
 NORTH MIAMI BEACH FL 33179-4836

2. Principal Place of Business

19431 NE 19th Pl.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 N.M.B. Fla.

City & State

4. FEI Number

650933049

Applied For

Not Applicable

Zip

Country

Zip

Country

33179

USA

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

ROSEN, GENE S
 1550 N.E. MIAMI GARDENS DRIVE
 SUITE 305
 NORTH MIAMI BEACH FL 33179

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, 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)

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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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CEO/BUS
 PHILLIP ONORI
 19431 NE 19th Pl.
 NMB, 33179

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-00 800-535-7401

CR2E034 (9/99)