

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90048 015 \*\*\*150.00

**DOCUMENT # P99000051331**

1. Entity Name  
**MILLENNIUM MEDICAL SYSTEMS. INC.**

Principal Place of Business 1943 DR MLK JR BLVD TAMPA FL 33607	Mailing Address P O BOX 151495 TAMPA FL 33684-1495
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2. Principal Place of Business <b>450 MONTANA AVE</b>	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.

City & State <b>LAKELAND, FL</b>	City & State
Zip <b>33801</b>	Country <b>POLK</b>

4. FEI Number <b>59-3583807</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FERNANDEZ, IVONNE L**  
**607 W MLK BLVD**  
**TAMPA FL 33603-3449**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>ANTONIO ZAS</b> <b>PRESIDENT</b> <b>P. O. Box 151495</b> <b>TAMPA, FL 33684-1495</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Antonio ZAS Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)