## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 06, 2002 8:00 am § Secretary of State P99000056912 DOCUMENT # 1. Entity Name MILLENNIUM FUTURES TRADING, INC. 03-06-2002 90060 019 \*\*\*150.00 Principal Place of Business Mailing Address 6330 FUNSTON STREET 6330 FUNSTON STREET HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 3. Mailing Address 7010 NW 95th Ave 2. Principal Place of Business <u>010 nm</u> 0 Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0928960 ramarac Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SINGER, BERNARD A Street Address (P.O. Box Number is Not Acceptable) **4925 SHERIDAN STREET** SUITE A HOLLYWOOD FL 33021 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTO Change ☐ Addition **PSTD** ☐ Delete TIT! F TITLE Suter, Raymond R 7010 NW 95+h Ave SUTER, RAYMOND R NAME NAME STREET ADDRESS 6330 FUNSTON STREET STREET ADDRESS Tamarac, F1. 33321. HOLLYWOOD FL 33023 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplier each place of the 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 trystee 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.

of the corporation or the receive changed, or on an attachment

SIGNATURE: