

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90132 016 \*\*\*150.00

**DOCUMENT # P99000061115**

**1. Entity Name**  
**3RD MILLENNIUM WIRELESS PLUS OF FT. PIERCE, INC.**

**Principal Place of Business**  
**12955 BISCAYNE BLVD., STE. 202**  
**N. MIAMI FL 33181**

**Mailing Address**  
**12955 BISCAYNE BLVD., STE. 202**  
**N. MIAMI FL 33181**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-1001931**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**POMERANZ, MARK L ESQ.**  
**12955 BISCAYNE BLVD., STE. 202**  
**N. MIAMI FL 33181**

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** \_\_\_\_\_ (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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **CROTEAU, KEITH**  
**STREET ADDRESS** **177 U.S. HWY. ONE, STE. 134**  
**CITY-ST-ZIP** **TEQUESTA FL 33469**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **747 N. FEDERAL HWY**  
**CITY-ST-ZIP** **STUART, FL 34994**

☐ Delete  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**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:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KEITH CROTEAU**

**4-15-02**

Date

Daytime Phone #

CR2E034 (9/01)