

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90460 030 \*\*\*158.75

**DOCUMENT # P99000061857**

1. Entity Name

**MILLENNIUM PLACEMENT, INC.**

Principal Place of Business

**2901 CLINT MOORE RD  
 SUITE 228  
 BOCA RATON FL 33496**

Mailing Address

**2901 CLINT MOORE RD  
 SUITE 228  
 BOCA RATON FL 33496**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0939619**

Applied For

Not Applicable

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

**GLADSTONE, STEPHEN R  
 SUITE 305-C  
 7301-A WEST PALMETTO PARK ROAD  
 BOCA RATON FL 33433**

Name **CAROLE WAYNE**

Street Address (P.O. Box Number is Not Acceptable)

**2456 NW 67th Street**

City **BOCA RATON**

**FL**

Zip Code **33496**

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

*Carole Wayne*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/15/02**

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 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **WAYNE, CAROLE B**  
 STREET ADDRESS **2456 NW 67TH STREET**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☒ 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:

*Carole Wayne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/02**

Date

**(561) 998-9801**

Daytime Phone #

CR2E034 (9/01)