

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064034

1. Entity Name

2000 MILENIUM ENTERPRISES, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90035 005 ***150.00

Principal Place of Business

Mailing Address

8965 BW 41 STREET
COOPER CITY FL 33024

8965 BW 41 STREET
COOPER CITY FL 33024

2. Principal Place of Business

5400 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

501-K

City & State DAVIE

Zip 33328

Country USA

3. Mailing Address

5400 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

501-K

City & State DAVIE

Zip 33328

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0937160

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POZO, ARMANDO O
8965 BW 41 STREET
COOPER CITY FL 33024

7. Name and Address of New Registered Agent

Name

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

5400 S. UNIVERSITY DRIVE

SUITE 501-K

City

DAVIE

FL

Zip Code

33328

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

ARMANDO POZO

4/23/2000

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 | PD | <input type="checkbox"/> Delete |
| NAME | POZO, ARMANDO O | |
| STREET ADDRESS | 8965 BW 41 STREET | |
| CITY-ST-ZIP | COOPER CITY FL 33024 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | POZO, DELSY B | |
| STREET ADDRESS | 8965 BW 41 STREET | |
| CITY-ST-ZIP | COOPER CITY FL 33024 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 5400 S. UNIVERSITY DRIVE #501-K | |
| CITY-ST-ZIP | DAVIE, FL 33328 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 5400 S. UNIVERSITY DRIVE #501-K | |
| CITY-ST-ZIP | DAVIE, FL 33328 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO POZO

Date

Daytime Phone #

4/23/2000 954-680-1770

CR2E034 (9/99)