

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90116 029 \*\*\*150.00

DOCUMENT # P99000068916

1. Entity Name

FLORIDA MILLENUM ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4801 S UNIVERSITY DR

4801 S UNIVERSITY DR

#219

#219

FT LAUDERDALE FL 33328

FT LAUDERDALE FL 33328-3837

L000404J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

16660 Waters Edge Dr

16660 WATERS EDGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FLA

City & State

WESTON, FLA

4. FEI Number

65-0944486

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

U.S.A.

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

Name

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

City

FL

Zip Code

BEDIN, CECILIA

4801 S UNIVERSITY DR

#219

FT LAUDERDALE FL 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDIN, CECILIA		NAME		
STREET ADDRESS	4801 S UNIVERSITY DR. #219		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33328		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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 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 687, 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

Date

Daytime Phone #

3-7-00 384-9817

CR2E034 (9/99)