

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070587

1. Entity Name

MILLENIUM VENTURE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

3161 NW 108 TERRACE
SUNRISE, FL 33351

SAME

2. Principal Place of Business

2246 SW 164 AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 825421

Suite, Apt. #, etc.

City & State
MIRAMAR, FL

City & State
SOUTH FLORIDA, FL

4. FEI Number

65-0941511

Applied For

Not Applicable

Zip
33027

Country
USA

Zip
33082

Country
USA

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

MURRAY J. GOBELI
3161 NW 108 TERRACE
SUNRISE, FL 33351

Name
MURRAY J. GOBELI

Street Address (P.O. Box Number is Not Acceptable)
2246 SW 164 AVE.

City MIRAMAR FL Zip Code 33027

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.

MURRAY J. GOBELI

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 P.T.S.D. ☐ Delete
NAME MURRAY J. GOBELI
STREET ADDRESS 3161 NW 108 TERRACE
CITY-ST-ZIP SUNRISE, FL 33351

TITLE V.T.D. ☒ Change ☐ Addition
NAME MURRAY J. GOBELI
STREET ADDRESS 2246 SW 168 AVE.
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P.S.D. ☐ Change ☒ Addition
NAME HECTOR TORRES
STREET ADDRESS 2246 SW 164 AVE.
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HECTOR TORRES

4/3/00 954-8688083
Daytime Phone

CR2E034 (9/99)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90096 034 ***150.00

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DO NOT WRITE IN THIS SPACE