

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070594

1. Entity Name

MILLENIUM VENTURE MANAGEMENT INC. OF  
SOUTH FLORIDA

Principal Place of Business

3161 NW 108 TERRACE  
SUNRISE, FL 33351

Mailing Address

SAME

2. Principal Place of Business

2246 SW 164 AVE.

3. Mailing Address

P.O. BOX 825421

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

SOUTH FLORIDA, FL

4. FEI Number

65-0941509

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

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

## 7. Name and Address of New Registered Agent

Name  
MURRAY J. GOBELI

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

City  
MIRAMAR

FL 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.

SIGNATURE

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

MURRAY J. GOBELI

(NOTE: Registered Agent signature required when reinstating)

3/30/00

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.T.D.  
MURRAY J. GOBELI  
2246 SW 164 AVE.  
MIRAMAR, FL 33027 ☒ Change ☐ Addition

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

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

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

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

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

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

MURRAY J. GOBELI

3/30/00  
Date

954-568-6082  
Daytime Phone #

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

04-10-2000 90096 035 \*\*\*150.00

034966

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)