

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073971

1. Entity Name

MILLENNIUM DRYWALL & ACOUSTICAL CEILINGS, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90071 023 \*\*\*150.00

Principal Place of Business

16508 N.W. 17TH ST.  
PEMBROKE PINES FL 33028

Mailing Address

16508 N.W. 17TH ST.  
PEMBROKE PINES FL 33028-1377

800093240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9000 Sheridan St #151  
Suite #151  
Pembroke Pines, FL

3. Mailing Address

9000 Sheridan St  
Suite #151  
Pembroke Pines, FL

4. FEI Number

05-0952288

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEIWIRTH, ARTHUR C ESQ  
100 S.E. 3RD AVE., STE. 2020  
FT. LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name

LISA RODRIGUEZ

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

16508 NW 17th St

City

Pembroke Pine, FL FL

Zip Code 33028

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

*Lisa Rodriguez, Esq.*

Signature: typed or printed name of registered agent and his if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/00

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          | DP                      | <input type="checkbox"/> Delete |
| NAME           | RODRIGUEZ, LISA         |                                 |
| STREET ADDRESS | 16508 N.W. 17TH ST.     |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33028 |                                 |
| TITLE          | S                       | <input type="checkbox"/> Delete |
| NAME           | RODRIGUEZ, EDDIE        |                                 |
| STREET ADDRESS | 16508 N.W. 17TH ST.     |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33028 |                                 |
| 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          | President               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LISA RODRIGUEZ          |  |
| STREET ADDRESS | 9000 Sheridan St #151   |  |
| CITY-ST-ZIP    | Pembroke Pines FL 33028 |  |
| TITLE          | Vice President          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Adelkis Eddie Rodriguez |  |
| STREET ADDRESS | 9000 Sheridan St #151   |  |
| CITY-ST-ZIP    | Pembroke Pines FL 33024 |  |
| 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

*Lisa Rodriguez, Esq.*

1/22/00

Date

954-4413534

Daytime Phone #

CR2E034 (9/99)