

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083607

1. Entity Name

MILLENNIUM ARTIFACTS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90087 045 ***150.00

Principal Place of Business

Mailing Address

6059 43RD. TERR.NORTH
ST.PETERSBURG FL 33709

6059 43RD. TERR.NORTH
ST.PETERSBURG FL 33709-5142

C0040056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3612786

☒ Applied For
☐ Not Applicable

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

WILSON, RICHARD J
6059 43RD. TERR.NORTH
ST.PETERSBURG FL 33709

Name

~~XXXXXXXXXX~~ SABRA Shahid

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

501 116th Ave. N. Apt. 223

City

St. Petersburg, Fla. 33716

FL

Zip Code

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

Richard J. Wilson

Richard J. Wilson

1-15-2000

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 checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, RICHARD J		NAME	SABRA Shahid	
STREET ADDRESS	6059 43RD. TERR.NORTH		STREET ADDRESS	501 116th Ave. N. Apt. 223	
CITY-ST-ZIP	ST.PETERSBURG FL 33709		CITY-ST-ZIP	St. Petersburg FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IQBAL, SHAHID		NAME		
STREET ADDRESS	501-116TH AVE.,N.,APT.223		STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG FL 33716		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMAM, NAIYER		NAME		
STREET ADDRESS	6185 STEEPLECHASE DR.		STREET ADDRESS		
CITY-ST-ZIP	ROANOKE VA 24018		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		
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Richard J. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-2000 (727) 341-1721

CR2E034 (9/99)