

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086065

1. Entity Name

BROWARD MILLENNIUM ENTERPRISES LIMITED, INC.

R

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90005 038 \*\*\*150.00

Principal Place of Business

7667 W. SAMPLE RD.  
CORAL GABLES FL 33065

Mailing Address

7667 W. SAMPLE RD.  
CORAL GABLES FL 33065

2. Principal Place of Business

7667 W SAMPLE ROAD

3. Mailing Address

7667 W SAMPLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-095-1151

Applied For

Not Applicable

Zip

Country

33065

Zip

Country

33065

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

HILL, ITA

7667 W. SAMPLE RD.

CORAL GABLES FL 33065

CORAL SPRINGS FL 33065

Name

HILL, ITA

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

7667 W SAMPLE RD

City

CORAL SPRINGS

FL

Zip Code

33065

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]*

ITA HILL

07-18-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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
NAME	HILL, ITA	
STREET ADDRESS	1687 CORAL RIDGE DR.	
CITY-ST-ZIP	CORAL GABLES FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAY, ATHEA	
STREET ADDRESS	4285 N.W. 41ST TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, ITA	
STREET ADDRESS	9664 ROYAL PALM BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
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		
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ITA HILL

07/18/00

(954)344-4477

Date

Daytime Phone #

**BROWARD MILLENNIUM ENTERPRISES**

7667 W SAMPLE ROAD ~ CORAL SPRINGS, FL 33065  
Phone (954)344-4477 ~ Fax (954)344-7799

Attachment  
07/18/00 08:06:55  
DW7 063

July 18, 2000

Division Of Corporations  
Uniform Business Report Filings  
P.O Box 1500  
Tallahassee FL. 32302-1500

Dear Sirs,

**RE: UNIFORM BUSINESS REPORT**

We are in receipt of your correspondence concerning item at caption. We note with concern that the document indicates that this is a second notice, attracting a penalty of \$600. On closer scrutiny we observe that the document lists our registered office as **Coral Gables** instead of **Coral Springs**. This no doubt explains why the earlier notice went astray and was never received by our office.

We contacted your customer service number today, and they advised us to submit the report promptly with a payment of \$150, and to request a waiver of any penalty, since our address seems to have been documented incorrectly by your office. We enclose therefore for our check payment for \$150, along with the **UBR** with the necessary corrections. We trusts this meets with your approval.

Yours respectfully,

  
I.M HILL

**BROWARD MILLENNIUM ENTERPRISES**