

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087029

1. Entity Name

MILLENNIUM HOME CONSTRUCTION, INC.

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90018 010 \*\*\*158.75

Principal Place of Business

Mailing Address

15024 SW 144TH PLACE  
MIAMI FL 33186

15024 SW 144TH PLACE  
MIAMI FL 33186-5668

2. Principal Place of Business

4747 Hollywood Blvd

3. Mailing Address

4747 Hollywood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 275

Box 275

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33021-6503

Country

USA

Zip

33021-6503

Country

USA

4. FEI Number

65 0954804

Applied For

Not Applicable

5. Certificate of Status Desired ☒ XX

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, DAVID A  
15024 SW 144TH PLACE  
MIAMI FL 33186

Name

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

City

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

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 PD ☐ Delete  
NAME WHITE, DAVID A  
STREET ADDRESS 15024 SW 144TH PLACE  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☒ Addition  
NAME BOB STEWART  
STREET ADDRESS 5309 N. Dixie Hwy  
CITY-ST-ZIP Oakland Park, FL 33334

TITLE VD ☐ Delete  
NAME WHITE, ALBERT R  
STREET ADDRESS 3709 EASTSHORE ROAD  
CITY-ST-ZIP MIRAMAR FL 33023

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

TITLE TD ☐ Delete  
NAME PINA, ESTEBAN S  
STREET ADDRESS P.O. BOX 16-3655  
CITY-ST-ZIP MIAMI FL 33116

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

CR2E034 (9/99)