

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90409 008 \*\*\*158.75

DOCUMENT # **P99000087029**

1. Entity Name

**Millennium Home Construction, Inc.**

**DO NOT WRITE IN THIS SPACE**

**80068744**

2. Principal Place of Business  
**4747 Hollywood Blvd**

3. Mailing Address  
**4747 Hollywood Blvd**

Suite, Apt. #, etc

**PO Box 275**

Suite, Apt. #, etc

**PO Box 275**

City & State

**Hollywood FL**

City & State

**Hollywood FL**

Zip

**33021**

Country

**USA**

Zip

**33021**

Country

**USA**

4. FEI Number

**65-0954804**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**WHITE DAVID A**

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

**15024 SW 144 Place**

City

**Miami**

FL

Zip Code

**33186**

**DO NOT WRITE  
IN THIS SPACE**

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 date of application.

(NOTE: Registered Agent signature required when instituting)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<b>D</b>
NAME	<b>Marston John</b>
STREET ADDRESS	<b>9708 SW 135 TERRACE</b>
CITY-STATE-ZIP	<b>MIAMI FLA 33176</b>
TITLE	<b>TD</b>
NAME	<b>PINA Esteban S.</b>
STREET ADDRESS	<b>PO Box 16-2655</b>
CITY-STATE-ZIP	<b>MIAMI FLA 33166</b>
TITLE	<b>VD</b>
NAME	<b>White Albert R</b>
STREET ADDRESS	<b>3709 Eastshore Rd</b>
CITY-STATE-ZIP	<b>MIAMI, FLA 33023</b>
TITLE	<b>PD</b>
NAME	<b>White David A</b>
STREET ADDRESS	<b>15024 SW 144 Place</b>
CITY-STATE-ZIP	<b>MIAMI, FLA 33186-5668</b>
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**04/08/02**

Daytime Phone #

CR2E034B (12/01)