

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000088132

1. Entity Name

MILLENNIUM SALES GROUP, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90227 005 \*\*\*150.00

Principal Place of Business

Mailing Address

1532 SE 10TH AVENUE  
DEERFIELD BEACH FL 33441

1532 SE 10TH AVENUE  
DEERFIELD BEACH FL 33441-7404

2. Principal Place of Business

4641 NW 79th Ave

Suite, Apt. #, etc.

3. Mailing Address

4641 NW 79th Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lauderhill FL

City & State

Lauderhill FL

4. FEI Number

65-0952201

Applied For

Not Applicable

Zip

33351

Country

US

Zip

33351

Country

US

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

CORPORATE CREATIONS ENTERPRISES, INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

Name

ELDRIDGE, RAYMOND TROY

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

1532 SE 10th Avenue 4641 NW 79th Ave

City

Lauderhill  
DEERFIELD BEACH

FL

Zip Code

33351

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.

President Raymond Troy Eldridge 4-27-2000

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 type="checkbox"/> Delete
NAME	ELDRIDGE, RAYMOND TROY	
STREET ADDRESS	1532 SE 10TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUCE, JOHN TROY	
STREET ADDRESS	1532 SE 10TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eldridge Raymond Troy	
STREET ADDRESS	4641 NW 79th Ave	
CITY-ST-ZIP	Lauderhill FL 33351	
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

Date

Daytime Phone #

CR2E034 (9/99)