


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

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90031 041 ***150.00

DOCUMENT # P99000092786	
1. Entity Name MILLENIUM VENTURES INC., OF TAMPA	

DO NOT WRITE IN THIS SPACE

94051460

2. Principal Place of Business 2601 CEDAR VIEW DR. Suite, Apt. #, etc.	3. Mailing Address 2601 CEDAR VIEW DR. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ARLINGTON, TX	City & State ARLINGTON, TX	4. FEI Number	Applied For Not Applicable
Zip 76013	Country USA	Zip 76013	Country USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name DIJON BELLEMARE		
	Street Address (P.O. Box Number is Not Acceptable)		
	401 N.E. MIZNER BLVD., T-202		
	City BOCA RATON	FL	Zip Code 33432

☒ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when relinquishing)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	HIREN KAPASIAWALA, PRES/SEC/TREAS 2601 CEDAR VIEW DR ARLINGTON, TX 76013	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other list empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HIREN KAPASIAWALA

3-18-04

(817) 501-6056

DATE

Officer's Phone #

CR2E034B (12/02)