

2000 UNIFORM BUSINESS REPORT (UBR)

082100

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 AUG 23 PM 12:46

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000094484

1. Entity Name
MILLENNIUM ENGINEERING + DEVELOPMENT CORP INC.

Principal Place of Business <u>1451 WEST CYPRESS CREEK RD</u> <u>FT. LAUDERDALE</u>	Mailing Address <u>SUITE 300</u> <u>FL 33309</u>
2. Principal Place of Business <u>1451 W. CYPRESS CREEK RD.</u>	3. Mailing Address
Suite, Apt. #, etc. <u>SUITE 300</u>	Suite, Apt. #, etc.
City & State <u>FT. LAUDERDALE 33309</u>	City & State
Zip <u>33309</u>	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name <u>BARRY L. CRAIG</u>
	Street Address (P.O. Box Number is Not Acceptable) <u>1451 WEST CYPRESS CREEK RD.</u>
	Suite <u>300</u>
	City <u>FT. LAUDERDALE</u> FL Zip Code <u>33309</u>

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 (BARRY L. CRAIG) **DATE** 8/15/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>PRESIDENT</u> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	TITLE
NAME <u>BARRY L. CRAIG</u>	NAME	NAME	NAME
STREET ADDRESS <u>1451 WEST CYPRESS CREEK RD</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>FT. LAUDERDALE FL 33309</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <u>VICE PRESIDENT</u> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	TITLE
NAME <u>ERICK MEDINA</u>	NAME	NAME	NAME
STREET ADDRESS <u>1451 WEST CYPRESS CREEK RD</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>FT. LAUDERDALE FL 33309</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	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: (BARRY CRAIG - PRESIDENT) **DATE** 8/15/00 **DAYTIME PHONE #** (954-4890770)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)