

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000094484****1. Entity Name**
MILLENNIUM ENGINEERING & DEVELOPMENT CORP.**Principal Place of Business**1451 W. CYPRESS CREEK RD
SUITE 300
FT LAUDERDALE FL
33309**Mailing Address**1451 W. CYPRESS CREEK RD
SUITE 300
FT LAUDERDALE FL
33309**2. Principal Place of Business**

7337 N.W. 32ND. AVE.,

3. Mailing Address

7337 N.W. 32 ND. AVE.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number**65-1023289****Applied For**☐ Not Applicable**Zip**
33147**Country****Zip**
33147**Country****5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**CRAIG BARRY L
1451 W. CYPRESS CREEK RD
SUITE 300
FT LAUDERDALE FL
33309**7. Name and Address of New Registered Agent****Name**

CRAIG BARRY L

Street Address (P.O. Box Number is Not Acceptable)
7337 N.W. 32 ND. AVE.,**City**
MIAMI**FL****Zip Code**
33147**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)

04/19/2001

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, 2001 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**

TITLE	V	<input type="checkbox"/> Delete
NAME	MEDINA ERICK	
STREET ADDRESS	1451 W. CYPRESS CREEK RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	P	<input type="checkbox"/> Delete
NAME	CRAIG BARRY L	
STREET ADDRESS	1451 W. CYPRESS CREEK RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA ERICK	
STREET ADDRESS	7337 N.W. 32 ND. AVE.,	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG BARRY L	
STREET ADDRESS	7337 N.W. 32 ND. AVE.,	
CITY-ST-ZIP	MIAMI FL 33147	
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:** Barry L. Craig

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04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)