

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90010 027 ***150.00

DOCUMENT # **P99000094647**
 1. Entity Name
MILLENNIUM MAN, INC.

Principal Place of Business / Mailing Address
7400 S.W. 50 Terr. #302 / **7400 S.W. 50 Terr. #302**
Miami, FL 33155 / **Miami, FL 33155**

00058197

2. Principal Place of Business
1731 NW 88 WY
 Suite, Apt. #, etc.

3. Mailing Address
same
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines
 Zip **33024** Country **USA**

City & State
 Zip Country

4. FEI Number
65-0976109 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Briceño, German G.
7400 S.W. 50 Terr. #302
Miami, FL 33155

7. Name and Address of New Registered Agent
 Name **German G. Briceño**
 Street Address (P.O. Box Number is Not Acceptable)
1731 NW 88 way
 City **Pembroke Pines FL** Zip Code **33024**

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 **German Briceño** **German G. Briceño** / **1 / 00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P.D German Briceño 1731 NW 88 way Pembroke Pines 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete GABY T. FLOREZ 1731 NW 88 way Pembroke Pines 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **German Briceño** **German G. Briceño** / **1 / 00** **305-932-8566**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)