## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

## Mar 12, 2002 8:00 am P99000094647 DOCUMENT # **Secretary of State** 1. Entity Name 03-12-2002 90274 044 \*\*\*150.00 MILLENNIUM MAN, INC. Principal Place of Business Mailing Address 2588 SW 27TH AVENUE 5363 BAMBOO COURT MIAMI FL 33133 ORLANDO FL 32811 3. Mailing Address 2. Principal Place of Business 6217 NORTH DRIVE 6217 NURTH DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0976109 Not Applicable AKE CITY LAKE CITY Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 32055 USA Fee Required 3*2055* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRICENO, GERMAN G Street Address (P.O. Box Number is Not Acceptable) 5363 BAMBOO COURT NORTH DRIVE ORLANDO FL 32811 Zip Code ろこいな City LAKE CITY 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) DATÉ FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ገ1. (9/01) ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRICENO, GERMAN G NAME NAME **CR2E034** 2588 SW 27TH AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition SD TITLE FLOREZ, GABY T NAME NAME STREET ADDRESS STREET ADDRESS 2588 SW 27TH AVENUE CITY-ST-ZIP **MIAMI FL 33133** CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE SANTIAGO BRICENO NAME 2588 SW 27 M AVE STREET ADDRESS STREET ADDRESS MIAMI CITY-ST-ZIP *3*3133 CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 eath; 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 attachn like empowered.

Daytime Phone #