


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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90091 049 ***150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6217 NORTH DRIVE
Suite, Apt. #, etc.

3. Mailing Address
2588 SW 27 AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE CITY, FL

City & State
MIAMI, FL

4. FEI Number **65-0976109** Applied For
Not Applicable

Zip **32055** Country **USA** Zip **33133** 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 **BRICENO, GERMAN, G.**

Street Address (P.O. Box Number is Not Acceptable)
6217 NORTH DRIVE

City **LAKE CITY** **FL** Zip Code **32055**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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	PD Briceno, German G. 2588 SW 27th Ave. Miami, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Florez, Gaby T. 2588 SW 27th Ave. Miami, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Briceno, Santiago 2588 SW 27th Ave. Miami, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 like empowered.

SIGNATURE: *German G. Briceno* 1/28/03 (305) 444-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)