FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92211 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101488

1. Entity Name
MILLENNIUM MORTGAGE LENDING GROUP, INC.

11041983

Principal Place of Business	Mailing Address
12590 YARDLEY DRIVE BOCA RATON, FL 33428	12590 YARDLEY DRIVE BOCA RATON, FL 33428

2. Principal Place of Business	3. Mailing Address
~~1975 E. Sunrise Blvd~~ Suite, Apt. #, etc. Suite 535	~~1975 E. Sunrise Blvd.~~ Suite, Apt. #, etc. Suite 535
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33304 Country: US	Zip: 33304 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0982901 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	Name: Hochberg & DiRienzo, P.A. Street Address (P.O. Box Number Is Not Acceptable): ~~1975 E. Sunrise Blvd.~~ Suite 519 City: Fort Lauderdale FL Zip: 33304

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: Philip A. DiRienzo, Esq. 4/30/03
Signature, typed or printed name of Registered Agent and Title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD KAVANAGH, MARTHA 12590 YARDLEY DRIVE BOCA RATON, FL 33428	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha Kavanagh 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARTHA KAVANAGH 4/30/03 (954) 854-3211