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**FILED** 

Apr 07, 2002 8:00 am Secretary of State

## 2002 Uniform Business Report (UBR)

P99000104807

DOCUMENT #

## 03-13-2002 90049 002 \*\*\*150.00 MILLENNIUM CUSTOM DRAPERIES, INC. Principal Place of Business Mailing Address 41277 315 N.W. 10TH TERRACE 315 N.W. 10TH TERRACE HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Businessa Terra 305 VI.W 10th TERR 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0964539 Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 4012 GLICKMAN, GEORGE Street Address (P.O. Box Number is Not Acceptable 305 Now 10th Tele 315 N.W. 10TH TERRACE HALLANDALE FL 33009 33 OO HAILANDALE 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. Res SAbel 1 dent FILE NOW!!! FEE IS \$150.00 9. 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. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Ki Change MILE Delete TITLE ISAbel Ruiz GLICKMAN, GEORGE NAME NAME 305 N. WIOCH TERRACE 315 N.W. 10TH TERRACE STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 HAILANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP **Addition** TITLE Delete TITLE ARACELIS RUIZ Fletch 2667 8. w 96 ST MIRA MAR A 33099 VICE Presiden NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Charine TITLE . TITLE Derek Ruizel Dalete Dalete NAME NAME 150 NW 96 AVE Apl. 203 STREET ADDRESS STREET ADDRESS 33029 TREASURE Pembroke Pines CITY-ST-ZIP CITY-\$1-7IP ☐ Change Addition nn e TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 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: