2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 826628** Jan 22, 2000 8:00 am **Secretary of State** BAG SPECIALIST, INC. 01-22-2000 90080 048 ***150.00 Mailing Address Principal Place of Business 2360 NW 150TH STREET 2360 NW 150TH STREET OPA LOCKA FL 33054-2706 OPA LOCKA FL 33054 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 22-1739296 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STAHL, HARVEY Street Address (P.O. Box Number is Not Acceptable) 2360 NW 150TH STREET OPA LOCKA FL 33054 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE MAME NAME STAHL, HARVEY STREET ADDRESS STREET ADDRESS 2360 NW 150TH STREET CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME KR**8**USER, RICHARD STREET ADDRESS STREET ADDRESS 2360 NW 150TH STREET CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33054 Change ☐ Addition ☐ Delete TITLE NAME WARTEL, ALFRED 1 STREET ADDRESS STREET ADDRESS 2360 NW 150TH STREET CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33054 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 trugtee 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.