

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N42685**

1. Entity Name

**/BULGARIAN-AMERICAN ASS./ INC.**

*R*

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90013 033 \*\*\*\*61.25

Principal Place of Business

870 NW 11 STREET  
 MIAMI FL 33136  
 US

Mailing Address

870 NW 11 STREET  
 MIAMI FL 33136  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0362234**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**IVANOV, KRASSI**  
**870 NW 11 STREET**  
**MIAMI FL 33136**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PLAMEN, TZONEV</b>	
STREET ADDRESS	<b>5401 COLLINS AVE, 108</b>	
CITY-ST-ZIP	<b>MIAMI FL 33140</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<del><b>TOMOV, TOMA</b></del>	
STREET ADDRESS	<del><b>1000 NW 10 AVE.</b></del>	
CITY-ST-ZIP	<del><b>MIAMI FL 33136</b></del>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>IVANOV, KRAESI</b>	
STREET ADDRESS	<b>870 NW 11 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REID, JANET</b>	
STREET ADDRESS	<b>1000 NW 10TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33136</b>	
TITLE	<b>D. MARY ZELVAKOVA</b>	<input type="checkbox"/> Delete
NAME	<b>723 NW 9 Ave.</b>	
STREET ADDRESS	<b>MIAMI FL 33136</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

**SIGNATURE: [Handwritten Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/10/2000 305/326-9500**

Date Daytime Phone #

CR2E037 (5/00)