

2002 UNIFORM BUSINESS REPORT (UBR)

4/11

FILED
May 21, 2002 8:00 am
Secretary of State

04-16-2002 90026 030 ****61.25

DOCUMENT # N42685

1. Entity Name

/BULGARIAN-AMERICAN ASS./ INC.

Principal Place of Business

Mailing Address

**870 NW 11 STREET
 MIAMI FL 33136
 US**

**870 NW 11 STREET
 MIAMI FL 33136
 US**

28356



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0362234

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D PLAMEN, TZONEV**
 STREET ADDRESS **5401 COLLINS AVE, 108**
 CITY-ST-ZIP **MIAMI FL 33140**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D TOMOV, TOMA**
 STREET ADDRESS **1000 N.W. 10 AVE.**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P IVANOV, KRASSI**
 STREET ADDRESS **870 NW 11 STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D REID, JANET**
 STREET ADDRESS **1000 NW 10TH AVE**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **GEORGE PROCHASKY**
 STREET ADDRESS **940 NW 8 ST. / Rd.**
 CITY-ST-ZIP **MIAMI Fla 33136**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ARTHUR FRANCIS**
 STREET ADDRESS **1177 NW 8 ST / Rd.**
 CITY-ST-ZIP **MIAMI FLA 33136**

TITLE Change 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2002 (305) 326-9500

Date

Daytime Phone #

CR2E037 (9/01)