

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90253 047 ***150.00

DOCUMENT # **00000048463**

1. Entity Name

B2 Properties, Inc.

Principal Place of Business

Mailing Address

**2755 E. OAKLAND PK Blvd.
 Suite 101
 Ft Lauderdale, FL 33306**

10068504

2. Principal Place of Business

3. Mailing Address

**2755 E. OAKLAND PK Blvd.
 Suite, Apt. #, etc. #101
 Ft Lauderdale, FL 33306**

DO NOT WRITE IN THIS SPACE

City & State
Ft Lauderdale FL

City & State
Ft Lauderdale FL

4. FEI Number
65-0127039

Applied For
 Not Applicable

Zip Country
33306 USA

Zip Country
33306 USA

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

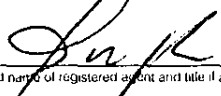
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Thomas G. Pye
 2987 E. OAKLAND PK Blvd #301
 Ft Lauderdale, FL 33306**

Name **Thomas G. Pye**
 Street Address (P.O. Box Number is Not Acceptable)
**2701 "C" E. OAKLAND PK Blvd.
 Ft Lauderdale
 City FL Zip Code 33306**

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 

DATE **4/25/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S	<input type="checkbox"/> Delete
NAME	SALVO MATE	
STREET ADDRESS	519 Antioch Ave.	
CITY-ST-ZIP	Ft Lauderdale, FL 33304	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	KIREDJIAN, Pedre	
STREET ADDRESS	519 Antioch Ave.	
CITY-ST-ZIP	Ft. Lauderdale FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVO MATE	
STREET ADDRESS	2755 E. OAKLAND PK Blvd #101	
CITY-ST-ZIP	Ft Lauderdale, FL 33306	
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		

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:  PRES. **4/25/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Date of Filing: _____

CR2E034 (11/00)