

2002 UNIFORM BUSINESS REPORT (JBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90064 006 ***150.00

DOCUMENT # P00000048463
 1. Entity Name
B 2 PROPERTIES, INC.

Principal Place of Business Mailing Address
 2755 E OAKLAND PK BV 2755 E OAKLAND PK BV
 STE 101 STE 101
 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0127039		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PYE, THOMAS G ESQ.
 2701 C EAST OAKLAND PK BV
 FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent
 Name **JHON VAN VORST, CPA, CFP**
 Street Address (P.O. Box Number is Not Acceptable)
2159 SE 9th ST.
 City **POMPANO BEACH** FL Zip Code **33062**

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]* DATE: **JAN 7 / 2002**
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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME	PSD MULE, SALVO <input type="checkbox"/> Delete
STREET ADDRESS	2755 E OAKLAND PK BV 101
CITY-ST-ZIP	FORT LAUDERDALE FL 33306
TITLE NAME	VSTD KIREDJIAN, PEDRE <input checked="" type="checkbox"/> Delete
STREET ADDRESS	519 ANTIOCH AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL 33304
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE: **JAN 7, 2002**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)