2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000030246

1. Entity Name

MICHAEL BANTUM, INC.

FILED Feb 09, 2000 8:00 am Secretary of State

02-09-2000 90360 016 ***150.00

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1 ST	Mailing Address 2196 SW 96TH ST STUART FL 34997-2620 US				
Place of Business	3. Mailing Address		\		
t. #, etc.	Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE		
ate			4. FEI Number 65-0405977 Applie		
- Country	Zip	Country	E Contillants of Chats Decived	\$8.75 A	Not *, Additional
6. Name and Address of Cur	rent Registered Agent				.reg ·
		Name	7. VIZ.III (1.03101010	- Agont	
6 SW 96TH ST		Street Addres	ss (P.O. Box Number is Not Acceptable)		
		City	F	Zip Co	ode
Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating) DATE	Ī	
requirement and elects to do so.	After MAY 1, 20	00 Fee will be \$550.00			.00 May
OFFICERS A	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 11
D BANTUM, MICHAEL 2196 SW 96TH ST STUART FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- No. I demonstrate to the secondaries to the secon	Change	. C.
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	□.
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	☐ Delete	TITLE NAME		Change	□.
	6. Name and Address of Cur ITUM, MICHAEL 6 SW 96TH ST ART FL 34997 e named entity submits this statement Signature, typed or printed name of registered oration is eligible to satisfy its Intanarequirement and elects to do so. oration on back) OFFICERS A D BANTUM, MICHAEL 2196 SW 96TH ST	Place of Business 3. Mailing Address 1. #, etc. Suite, Apt. #, etc. City & State Country 6. Name and Address of Current Registered Agent ITUM, MICHAEL S SW 96TH ST ART FL 34997 e named entity submits this statement for the purpose of changing its Signature, typed or printed name of registered agent and title if applicable. (NOT oration is eligible to satisfy its Intangible requirement and elects to do so. TOTAL OFFICERS AND DIRECTORS D BANTUM, MICHAEL 2196 SW 96TH ST STUART FL Delete Delete Delete	Place of Business 3. Mailing Address L. #, etc. Suite, Apt. #, etc. Country Country Country City & State Country City & State Country City City City ART FL 34997 City City a named entity submits this statement for the purpose of changing its registered office or registered and entity submits this statement for the purpose of changing its registered office or registered and elects to do so. Signature, typed or printed name of registered agent and little of applicable. City In It E NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S Delete Delete ITILE NAME STREET ADDRESS CITY-S1-ZIP Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP Delete	Piece of Business 3. Mailing Address 1. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. 1. Country 5. Country 5. Country 5. Certificate of Status Desired 6. Name and Address of New Registered Agent 7. Name and Address of New Registered 8. Name 18.	Place of Business 3. Mailing Address 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. DO NOT WRITE IN THIS SPACE 1. Fetc. Surie, Apt. #. etc. Do Not Write In This Space 1. Fetc. Surie, Apt. #. etc. Dot Not Write In This Space 1. Fetc. Surie, Apt. #. etc. Dot Not Write In This Space 1. Fetc. Surie, Apt. #. etc. Dot Not Write In This Space 1. Fetc. Surie, App. #. etc. Dot Not Write In This Space 1. Fetc. Surie, App. #. etc. Dot Not Write In This Space 1. Fetc. Surie, App. #. etc. Dot Not Write In This Space 1. Fetc. Surie, App. #. etc. Dot Not Write In This Space 1. Fetc. Dot Not Write In This Space 1. Fetc. Dot Not Write In This Space 1. Fetc. Dot Not Write In This Space 2. Fetc. Dot Not Write In This Space 2. Fetc. Dot Not Write In This Space 3. Fetc. Dot Not Write In This Space 3. Fetc. Dot Not Write In This Space 3. Fetc. Dot Not Write In This Space 4. Fet Number Dot Not Write In This Space 5. Fetc. Dot Not Write In This Space 5. Fetc. Dot Not Write In This Space 5. Fetc. Dot Not Write In This Space 6. Fetc. Dot Not Write In This Space 6. Fetc. Dot Not Write In This Space 6. Fetc. Dot Not W

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 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 discontinuous or the relevance or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Buntum

(561)220 :

Daytime Phone #