

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90146 011 ***150.00

DOCUMENT # P98000002686
1. Entity Name
BID-N-BUY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21050 Point Place Suite, Apt. #, etc. Apt. 1603 City & State Aventura, FL Zip 33180 Country USA		3. Mailing Address 21050 Point Place Suite, Apt. #, etc. Apt. 1603 City & State Aventura, FL Zip 33180 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0841079	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Lior Ben-Shmuel
Street Address (P.O. Box Number is Not Acceptable) 21050 Point Place, Apt 1603
City Aventura FL Zip Code 33180

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ben-Shmuel, Lior 21050 Point Pl, #1603 Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ben-Shmuel, Jennifer 21050 Point Place, #1603 Aventura, FL 33180
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jennifer Ben-Shmuel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 **305-466-3790**
Date Daytime Phone #

CR2E034B (12/01)