

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90014 019 ***158.75

DOCUMENT # P98000064338



1. Entity Name
B.I.P., INC.

Principal Place of Business
2127-29 NW 79TH AVE
MIAMI FL 33122
US

Mailing Address
2127-29 NW 79TH AVE
MIAMI FL 33122
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
8995 N.W. 12th Street
Suite, Apt. #, etc.

3. Mailing Address
8995 N.W. 12th Street
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **65-0873488**

Applied For
Not Applicable

Zip Country
33172 USA

Zip Country
33172 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

RAFFERTY, WILLIAM L JR.
1101 BRICKELL AVENUE
SUITE 1400
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS EZIO, SALVONI 2127-29 NW 79TH AVE MIAMI FL 33122 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT ENRICO, BALDOVINI 2127-29 NW 79TH AVE MIAMI FL 33122 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/S/D BALDOVINI, ENRICO 8995 N.W. 12th STREET MIAMI, FL 33172 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/T/D SALVONI, EZIO 8995 N.W. 12th STREET MIAMI, FL 33172 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 607, 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: *William L. Rafferty* **W. RAFFERTY** 4-8-2003 (305) 437-9937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)