

2000 UNIFORM BUSINESS REPORT (UBR)

15

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90089 040 ***150.00

908761



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000107600

1. Entity Name

BIC'S ENGINE SALES & SERVICE, INC.

Principal Place of Business

Mailing Address

**460 N STATE ROAD 7
PLANTATION FL**

**460 N STATE ROAD 7
PLANTATION FL 33317-2834**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0898278

Applied For

Not Applicable

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

**BICKRAM, RAMNARINE
12040 SW 3RD ST
PLANTATION FL 33325**

Name **BICKRAM RAMNARINE**

Street Address (P.O. Box Number is Not Acceptable)

11700 TERRA BELLA BLVD.

City **FT. LAUDERDALE**

FL

Zip Code

33325-2441

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 19, 2000

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D RAMNARINE, BICKRAM 12040 SW 3RD STREET PLANTATION FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 19, 2000

CR2E034 (9/99)