

2001 UNIFORM BUSINESS REPORT (UBR)

07-05-2001 900117036 ***150.00

P99000020965

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# **P99000020965**

1. Entity Name

BAGS TO GO, INC

Principal Place of Business

Mailing Address

**218 Commercial Blvd
H. Paul, Fla 33308**

**218 Commercial Blvd
H. Paul, Fla 33308**

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

650900793

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MICHAELS, KEITH
218 COMMERCIAL BLVD
FT. LAUDERDALE, FL 33308**

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.

SIGNATURE

Signature (print or initial name of registered agent and file if applicable) (NOTE: Registered Agent sign above required on this filing)

DATE

LS

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	P MICHAELS KEITH 218 COMMERCIAL BLVD FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	200004562742 -08/30/01--01002-001 ***400.00***
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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)(f), 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]

6/27/01

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Signature Page 7

CORP0334 (11/00)