

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S 72241**
 1. Entity Name
BT SALES CORP.

FILED
01 NOV -5 AM 10:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
950 MOCKINGBIRD LANE
PLANTATION FL 33324

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip **Broward** Zip Country **US**

4. FEI Number **65-0284667** 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
JOSEPH TIRMAN
950 MOCKINGBIRD LANE
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 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, typed or printed name of registered agent and title if applicable (if not Registered Agent, signature required when reinstated) DATE

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, 2001 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY ST ZIP | P.D. JOSEPH TIRMAN 950 MOCKINGBIRD LANE PLANTATION FL 33324 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |
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| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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-11/30/01--01010--008
*****150.00 ***150.00**

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: **Joseph Tirman**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/01 **954 472 3480**
 Date Eastern Time #

CR2E034 (11/00)

FLORIDA DEPARTMENT OF STATE

OCTOBER 24, 2001

GENTLEMEN:

ENCLOSED PLEASE FIND THE ANNUAL REPORT FORM FOR B T SALES CORP.
THE ORIGINAL FORM WAS NEVER RECEIVED IN JANUARY.

WE HAVE ENCLOSED CHECKS FOR \$ 150.00 EACH. KINDLY ACCEPT THESE
WITHOUT PENALTY UNDER THE CIRCUMSTANCES. THE CORPORATION
HAS ALWAYS FILED THE ANNUAL REPORT TIMELY

THANK YOU FOR YOUR COOPERATION


YOURS TRULY,