

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90216 036 ***150.00

DOCUMENT # 336122

1. Entity Name
BAGMASTER MANUFACTURING INC

Principal Place of Business

**3746 NW 50 ST
 MIAMI FL 33142**

Mailing Address

**3746 NW 50 ST
 MIAMI FL 33142**

357265



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1221142**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BENENFELD, NATHAN
 3746 N.W. 50TH STREET
 MIAMI FL 33142**

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 _____ (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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **PD** ☐ Delete
 NAME **BENENFELD, NATHAN**
 STREET ADDRESS **4101 PINETREE DR APT#1117**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **SD** ☐ Delete
 NAME **BENENFELD, DIANA**
 STREET ADDRESS **4101 PINETREE DR APT 1117**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VP** ☐ Delete
 NAME **BENENFELD, BARRY**
 STREET ADDRESS **20658 NE 25 COURT**
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **T** ☐ Delete
 NAME **RESTLER, RITA**
 STREET ADDRESS **2981 NORTH BAY RD.**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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: *X Bay Benenfeld*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 *305/633-7591*
 Date Daytime Phone #

CR2E034 (9/01)