

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90164 041 ***150.00

DOCUMENT # 399724

1. Entity Name

BAMBOO ABBOTT FLORIDA CORP.

Principal Place of Business

**2990 SIMMS ST
HOLLYWOOD FL 33020**

Mailing Address

**2990 SIMMS ST
HOLLYWOOD FL 33020**

2. Principal Place of Business

750 NW 33rd ST.

Suite, Apt. #, etc.

A

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

3. Mailing Address

750 NW 33rd ST.

Suite, Apt. #, etc.

A

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1547389**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAKITIN, MARTIN
2990 SIMMS ST
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

RAKITIN, MARTIN

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

750 NW 33rd ST

City

POMPANO BEACH

FL

Zip Code

33064

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	RAKITIN, G.	
STREET ADDRESS	2990 SIMMS ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAKITIN, M.	
STREET ADDRESS	2990 SIMMS ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAKITIN, M.	
STREET ADDRESS	750 NW 33rd ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAKITIN, A.	
STREET ADDRESS	750 NW 33rd ST	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)