

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90156 011 ***150.00

DOCUMENT # 660063

1. Entity Name

BAHA DEVELOPMENT CORP.

Principal Place of Business Mailing Address
 3501 KEYSER AVE 4879 Calamondin Cir Same
 UNIT 21 Coconut Creek 3501 KEYSER AVE
 HOLLYWOOD FL 33021 PM 33063 UNIT 21
 US HOLLYWOOD FL 33063-3844
 US

900490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 4879 Calamondin Cir Same
 Suite, Apt. #, etc. House Suite, Apt. #, etc. Same
 City & State Coconut Creek City & State Same
 Zip 33063 Country Broward Zip Same Country Same

4. FEI Number 59-1991193 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
 GOTTFRIED, HAROLD 4879 Calamondin Cir Name Harold Gottfried
 3501 KEYSER AVE Street Address (P.O. Box Number is Not Acceptable) 4879 Calamondin Cir.
 #21 Coconut Creek
 HOLLYWOOD FL 33021 FIA 33063 City Coconut Creek FL Zip Code 33063

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 Harold Gottfried
 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. ☐ 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTFRIED, HAROLD		NAME		
STREET ADDRESS	3501 KEYSER AVE #21		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTFRIED, BARBARA		NAME		
STREET ADDRESS	3501 KEYSER AVE #21		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.

SIGNATURE: [Signature] 1/8 2000 1954 977 2928
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC34 (9/99)