

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F31495

1. Entity Name

B & A ASSOCIATES, INC.

APPROVED  
AND FILED  
F31495

00 NOV 13 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

100 NW 98TH LANE  
CORAL SPRINGS FL 33071-7359

100 NW 98TH LANE  
CORAL SPRINGS FL 33071-7359

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2089889

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOSKOWITZ, WILLIAM M  
100 NW 98TH LANE  
CORAL SPRINGS FL 33065

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

(NOTE: Registered Agent's 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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOSKOWITZ, WILLIAM	
STREET ADDRESS	100 NW 98TH LANE	
CITY-ST-ZIP	CORAL SPGS. FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOSKOWITZ, ARLENE	
STREET ADDRESS	100 NW 98TH LANE	
CITY-ST-ZIP	CORAL SPGS. FL 00000	
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 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 #

ARLENE MOSKOWITZ 0225-00 (954) 646-6282

Oct-12-00 08:59A

P.02

*pg. 2 of 2*

*Check went through for \$100.00*

B. & A. ASSOCIATES, INC. D/B/A B. & A. AUTO BROKERS		63048115		9032
		Date	2-25-00	63-4630 PL 1244
Pay to the Order of	Department of State		\$	100.00
One Hundred and 00/100		Dollars		
<b>NationsBank</b> NationsBank, N.A. ACH R/T 00300047		<i>[Signature]</i>		
For				
⑆063000047⑆ 001595058360⑆ 9032 ⑆00000010000⑆				

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT# 1009068796  
FEB 29 2000

187787  
FEB 29 2000  
MAR 9 2000

FOR DEPOSIT ONLY  
DEPARTMENT OF STATE  
ACCT. # 1009068796