

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 30, 2000 08:00 AM**
Secretary of State**DOCUMENT # F38632****1. Entity Name**
BKH OF FLORIDA, INC.**Principal Place of Business**1 SE 3RD AVE.
SUITE 2130
MIAMI
33131

FL

US

Mailing Address1 S.E. 3RD AVENUE
SUITE 2130
MIAMI
33131

US

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-2114168**

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**COPROLITE CORPORATION
ONE SOUTHEAST THIRD AVENUE
SUITE 2130
MIAMI
33131

FL

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 signature required when reinstating)

03/30/2000

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VSD	<input type="checkbox"/> Delete
NAME	CLAVERT YVONNE	
STREET ADDRESS	ONE SE 3RD AVENUE, SUITE 2130	
CITY-ST-ZIP	MIAMI FL	

TITLE	VSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALVERT YVONNE		
STREET ADDRESS	ONE SE 3RD AVENUE, SUITE 2130		
CITY-ST-ZIP	MIAMI FL 33131		

TITLE	PTD	<input type="checkbox"/> Delete
NAME	JACKSON CARLA	
STREET ADDRESS	ONE SE 3RD AVENUE, SUITE 2130	
CITY-ST-ZIP	MIAMI FL	

TITLE	PTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON CARLA		
STREET ADDRESS	ONE SE 3RD AVENUE, SUITE 2130		
CITY-ST-ZIP	MIAMI FL 33131		

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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"/> Delete
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"/> Delete
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** YVONNE CALVERT

Y

03/30/2000