

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F61723

1. Entity Name

BUSINESS MANAGEMENT ORGANIZATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90176 046 ***163.75

Principal Place of Business 320 NEBRASKA STE 2 HOLLYWOOD FL 33019 US	Mailing Address 320 NEBRASKA STE 2 HOLLYWOOD FL 33019-0439 US
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2. Principal Place of Business 2908 BAYSHORE DRIVE	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT LAUDERDALE, FL	City & State
Zip 33304	Country US

4. FEI Number 59-2159081	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AUBET, ANNIE 320 NEBRASKA ST APT 2 FT LAUDERDALE FL 33019

7. Name and Address of New Registered Agent Name BLAHA, WALTER R. Street Address (P.O. Box Number is Not Acceptable) 2908 BAYSHORE DRIVE City FORT LAUDERDALE FL Zip Code 33304

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 WALTER R. BLAHA, PRESIDENT <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>
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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. <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/>	PT <input type="checkbox"/> Delete
NAME <input checked="" type="checkbox"/>	BLAHA, WALTER R.
STREET ADDRESS	320 NEBRASKA ST STE 2
CITY-ST-ZIP	FT LAUDERDALE FL 33019
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDRESS
STREET ADDRESS	2908 BAYSHORE DRIVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33304
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]* **WALTER R. BLAHA, PRESIDENT** 02-21-00 764-5296 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)