

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90005 037 ***150.00

DOCUMENT # F95000004894

1. Entity Name
BINAS GUEST HOUSE, INC.

Principal Place of Business 818 FLEMING STREET KEY WEST FL 33040 US	Mailing Address 818 FLEMING ST. #2 KEY WEST FL 33040 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **62-1613017**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GALCHUTT, WILLIAM
 818 FLEMING ST.
 KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **JOHN A. KOSIK, JR**
 Street Address (or Box Number is Not Applicable) **818 FLEMING STREET**
 City **Key West** FL **33040**

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] **PRESIDENT**

1/22/02

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input checked="" type="checkbox"/> Delete	VD	GALCHUTT, WILLIAM H	818 FLEMING ST. KEY WEST FL		
<input type="checkbox"/> Delete	SD	BASS, STEPHEN G	1403 ROSE STREET KEY WEST FL 33040		
<input type="checkbox"/> Delete	PTD	KOSIK, JOHN A JR	1403 ROSE ST KEY WEST FL 33040		
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					

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

1/22/02 (305) 294-7775

Date

Daytime Phone #

CR2E034 (9/01)