

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90012 022 ***211.25

DOCUMENT # **G14745**

1. Corporation Name
BASF, INC.

Principal Place of Business
15225 NW 77TH AVE
MIAMI LAKES FL 33014

Mailing Address
15225 NW 77TH AVE
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/22/1982

4. FEI Number
59-0525914

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAXWELL, LISA
15225 N W 77TH AVE
MIAMI LAKES FL 33014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **MAXWELL, LISA**
STREET ADDRESS **15225 NW 77TH AVE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

11 TITLE **D** ☐ Change ☒ Addition
12 NAME **MAXWELL, LISA**
13 STREET ADDRESS **15225 NW 77TH AVE**
14 CITY-ST-ZIP **MIAMI FL 33014**

TITLE **D** ☒ DELETE
NAME **FELS, JON**
STREET ADDRESS **255 ALHAMBRA CIR.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

21 TITLE **D** ☐ Change ☒ Addition
22 NAME **TIM WERIE**
23 STREET ADDRESS **2005 BISCAYNE BLVD STE 3700**
24 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ DELETE
NAME **PALAZZOLO, VINCE**
STREET ADDRESS **200 E BROWARD BLVD. STE. 2000**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

31 TITLE **D** ☐ Change ☒ Addition
32 NAME **HAL EISENHACHER**
33 STREET ADDRESS **4350 SUNSET DRIVE STE 100**
34 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☒ DELETE
NAME **KLEINMAN, DENNIS**
STREET ADDRESS **19495 BISCAYNE BLVD. STE. 409**
CITY-ST-ZIP **AVENTURA FL 33180**

41 TITLE **D** ☐ Change ☒ Addition
42 NAME **FRANK ROBLES**
43 STREET ADDRESS **11030 N. KENNEDY DR STE 100**
44 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 stated on this annual report or supplemental annual 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 2 or Block 13 if changed, or on an attachment with an address, with authority like empowered.

URE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

Date

954 525 8225

Daytime Phone #

CR2E034 (11/98)