

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90134 022 ***150.00

0666760 AB

DOCUMENT # G98896

1. Entity Name
B.F. INDUSTRIAL PARK, INC.



Principal Place of Business
**4770 BISCAYNE BLVD
1150
MIAMI FL 33137
US**

Mailing Address
**9792 WINDISCH RD
WEST CHESTER OH 45069
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2416466**

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

**KANTER, JOHN E.
4770 BISCAYNE BLVD #1150
MIAMI FL 33137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VST**
NAME **WILDERMUTH, ROBERT E.**
STREET ADDRESS **9792 WINDISCH RD**
CITY-ST-ZIP **WEST CHESTER OH 45069**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **CD**
NAME **KANTER, JOSEPH H.**
STREET ADDRESS **4770 BISCAYNE BLVD #1150**
CITY-ST-ZIP **MIAMI FL 33137**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD**
NAME **KANTER, JOHN E.**
STREET ADDRESS **4770 BISCAYNE BLVD #1150**
CITY-ST-ZIP **MIAMI FL 33137**

☐ Delete

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: Robert E. Wildermuth VP 5/9/03 5137797377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)