

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **J 72096**

1. Entity Name

BAIIVER Ne DE France

FILED

04 MAY -3 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**Hollywood Greyhound Track
free market**

Mailing Address

**831 N Federal Highway
Hallandale Beach
FL 33008**

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

59-2793309

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

Name

SEBAG ESTHER

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

1853 NW 130 AVE**Pembroke Pines**

City

FL 33028**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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-26-2004

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐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	President	☐ Delete
NAME	ESTHER SEBAG	
STREET ADDRESS	1853 NW 130 AVE	
CITY-ST-ZIP	Pembroke Pines 33028	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ 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)(f), 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 amendments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-2004

Date

Daytime Phone #