

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91241 015 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # K27968
 1. Entity Name
B & T EXOTIC SCENERY, INC.

Principal Place of Business P.O. BOX 770536 MIAMI FL 33177	Mailing Address P.O. BOX 770536 MIAMI FL 33177
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2. Principal Place of Business 12720 SW 147 ST. Suite, Apt. #, etc.	3. Mailing Address 12720 SW 147 ST. Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-0063291	Applied For Not Applicable
Zip 33186	Country Dade	Zip 33186	Country Dade

6. Name and Address of Current Registered Agent

TUCKFIELD, ILENE F., ESQ.
12720 SW 147TH STREET
MIAMI FL 33186

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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	PD TUCKFIELD, JACK G., JR. 12720 SW 147TH STREET MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST TUCKFIELD, ILENE F. 12720 SW 147TH STREET MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **4/29/02** **(305) 251-6650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)