

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K46114

1. Entity Name

BUY RITE INTERNATIONAL, INC.

Principal Place of Business

4400 W HILLSBORO BLVD
2
COCONUT CREEK FL 33073
US

Mailing Address

4400 W HILLSBORO BLVD
STE 2
COCONUT CREEK FL 33073
US

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 **65-0084824**

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

HENDERSON, ELISABETH
6820 NW 75 PLACE
SUITE 100
PARKLAND FL 33067

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.

SIGNATURE

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, 2001 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

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HENDERSON, ELISABETH
6820 NW 75 PL
PARKLAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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Change Addition

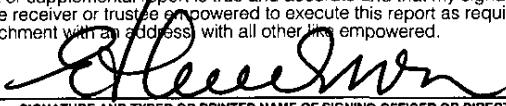
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CITY-ST-ZIP

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Change Addition

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

1-8-00 954-428-8444

Date

Daytime Phone #

0310037

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90008 043 ***150.00

601158



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)