

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03327

1. Entity Name

BMSE REGIMEN, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90007 026 ***150.00

Principal Place of Business

Mailing Address

C/O DALE M. LAURETANO
269 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

C/O DALE M. LAURETANO
269 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024-6715

110033420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14741 SW 69 ST
Suite, Apt. #, etc.

3. Mailing Address

14741 SW 69 ST
Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL.

City & State

Fort Lauderdale, FL.

4. FEI Number

65-0130242

Applied For

Not Applicable

Zip

Country

Zip

Country

33330

33330

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

LAURETANO, DALE M.
269 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

NOTE ADDRESS
CHANGE

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS LAURETANO, DALE M.
CITY-ST-ZIP 269 N. UNIVERSITY DR.
PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 14741 SW 69 ST
CITY-ST-ZIP Fort Lauderdale, FL 33330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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

DALE M. LAURETANO

4/6/00

Date

954 434-1474

Daytime Phone #