

05/6806

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

1

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L33422

1. Corporation Name
B. & B. WHITE, INC.

Principal Place of Business

14102 SW 142 AVE
MIAMI FL 33186
US

Mailing Address

ROSSI 555 S FEDERAL HWY
200
BOCA RATON FL 33432
US

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address

26 265 S. Federal Hwy.
Suite, Apt. #, etc.
27 PMB # 305
City & State
28 Deerfield Beach, FL
Zip Country
29 33441 30 USA

9. Name and Address of Current Registered Agent

INTERNATIONAL ESCROW AGENTS, INC.
555 SOUTH FEDERAL HWY
SUITE 200
BOCA RATON FL 33432

81 Name
82 International Escrow Agents, Inc.
83 Street Address (P.O. Box Number is Not Acceptable)
84 6830 N. Federal Hwy.
Boca Raton,
City

FL 85 Zip Code
33487

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and principal agent, after

(NOTE: Registered Agent signature is not required for this filing)

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME PSTD GARFINKEL, LINDA
STREET ADDRESS 14102 SW 142 AVE
CITY-ST-ZIP MIAMI FL 33186
TITLE ☒ DELETE
NAME VP KEUTHAN, GERALD
STREET ADDRESS 14102 SOUTHWEST 142 AVENUE
CITY-ST-ZIP MIAMI FL 33186
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME PSTD Gerald Keuthan
13 STREET ADDRESS 14102 SW 142 Ave
14 CITY-ST-ZIP Miami, FL 33186
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

4/29/99

561-988-1427

CR2E034 (11/98)

FILED

99 MAY -3 PM 4:48

STATE OF FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1989
4. FEI Number
65-0158495
5. Certificate of Status Desired ☐ Applied For
Not Applicable
\$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
7. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No
8. Name and Address of New Registered Agent

(2)



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 225972 7168550
AUTHORIZATION : *Patricia Pizzi*
COST LIMIT : \$ 150.00

ORDER DATE : May 3, 1999

ORDER TIME : 2:36 PM

ORDER NO. : 225972-020

CUSTOMER NO: 7168550

CUSTOMER: Richard Rosi, Esq
Richard Rossi, Esq.
Suite 299
265 South Federal Highway
Deerfield Beach, FL 33441

RECEIVED
99 MAY -3 PM 3:55
DEPARTMENT OF REVENUE
TALLAHASSEE, FL

ANNUAL REPORT FILING

NAME: B. & B. WHITE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS: _____