2000 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 18, 2000 8:00 am
Secretary of State
04-26-2000 90044 043 ***150.00

DOCUMENT # L33422

1. Entity Name
B & B White, Inc.

Principal Place of Business	Mailing Address
4151 SW 47 Ave Suite 3C Davie FL 33314	c/o Emanuel #F-2 13200 SW 128 St Miami FL 33186

[redacted]
403234
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	13200 SW 128 St
Suite, Apt. #, etc.	Suite, Apt. #, etc. c/o Emanuel #F-2
City & State	City & State Miami FL
Zip / Country	Zip 33186 / Country USA

4. FEI Number 65-0158495 ☐ 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
Jay Emanuel & Assoc 13200 SW 128 St #F-2 Miami FL 33186	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 Joe Emanuel, [signature] 4.12.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres/Sec Gerald Kenthan 14200 SW 20 St Davie FL 33325	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: ✓ G.M Kenthan 4-19-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E042 (05/99)