

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33422

1. Entity Name

B. & B. WHITE, INC.

Principal Place of Business

4151 SW 47 AVE
STE 3C
FORT LAUDERDALE FL 33314
US

Mailing Address

JAY EMANUEL & ASSOC
13200 SW 128 ST #F-2
MIAMI FL 33186
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 65-0158495

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

INTERNATIONAL ESCROW AGENTS, INC.
6830 N. FEDERAL HWY
BOCA RATON FL 33487

Name JAY EMANUEL & ASSOC

Street Address (P.O. Box Number is Not Acceptable)
13200 SW 128 street

F-2

City Miami

FL

Zip Code 33186

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-2-01

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

TITLE PSTD
NAME KEUTHAN, GERALD
STREET ADDRESS 14102 S.W. 142ND AVE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Ismael M. Keuthan GERALD M KEUTHAN 3-13-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-27-2001 90008 002 ***150.00

34909



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)