

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 30, 2000 8:00 am**  
**Secretary of State**

06-30-2000 90004 029 \*\*\*150.00

**DOCUMENT #** L91960

1. Entity Name

*R*

BMV INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

7021 N.W. 5 STREET  
 PLANTATION FL 33317-1601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

65-0205341

Not Applicable

Zip

Country

Zip

Country

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

Name  
 ANTHONY G. COLEMAN, JR.

Street Address (P.O. Box Number is Not Acceptable)  
 3275 WEST HILLSBORO BOULEVARD

SUITE 207

City  
 DEERFIELD BEACH

FL Zip Code  
 33442

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]*

06/23/00

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

TITLE NAME ☐ Delete  
 PRES/DIRECTOR  
 DILIP R. VYAS  
 STREET ADDRESS  
 7021 N.W. 5 STREET  
 CITY - ST - ZIP PLANTATION FL 33317-1601

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

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 STREET ADDRESS  
 CITY - ST - ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
 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]* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/23/00 (954) 354-2785

Date Daytime Phone #