2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M78125

1. Entity Name



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90220 008 ***150.00

B & H PROPERTY MANAGEMENT, INC.								01 21 2000 30			
% VASANT 1329 KINGS	ace of Busines P. BHIDE LEY AVE. #C ARK FL 32073-45		Mailing Address % VASANT P. BHIDE 1329 KINGSLEY AVE. #C ORANGE PARK FL 32073-4530								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			-	4. FEI Number 59-2887455 Applied For				
Zip		Country	Zip		Country	у	5. Certific	ate of Status Desired	\$8.75 A		<u>e</u>
	6. Name	and Address of Curre	nt Register	ed Agent	' Τ	·····	7. Name a	and Address of New Reg		· · · · · · · · · · · · · · · · · · ·	4
 Bhide, V	/asant p.	~ -		<u>ــر ــــــــــــــــــــــــــــــــــ</u>	[Name		4	istereu Ageitt		1
1329 KIN	IGSLEY AVE.					Street Address (P.O. Box Number is Not Acceptable)					
#C Orange	PARK FL 32	073				City					
The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent.						•	Zip Code				
	•	ered agent.		-		3	, - .	and the state of Florida	a. Familamila With	, апо ассерс	
SIGNATURE	Signature, typed o	r printed name of registered age	nt and title if app	olicable. (NOTE	Registered A	gent signature required	when reinstating)		DATE		
Afte	er May 1, 2003	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department) of State					Election Campaign Financ Trust Fund Contribution.		00 May Be d to Fees	1
10.		OFFICERS AN	D DIRECTO	RS	11.		ADDITION	IS/CHANGES TO OFFICE	RS AND DIRECTOR	OC IN 11	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BHIDE, CAF 1329 KINGS ORANGE PA	SLEY AVE #C		Delete	NAME STREET A	[<u> </u>	☐ Change	Addition	1
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	V BHIDE, VAS 1329 KIGNS ORANGE PA	LEY AVE. C		☐ Delete	TITLE NAME STREET A CITY-ST-	1			☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· –		Delete	TITLE NAME STREET AI CITY-ST-	1			☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET AL CITY-ST-	l l			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AC CITY-ST-7		,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET AD	DRESS		-	☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

SIGNATURE: