

8/14/01-90006-039-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP 20 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006489

1. Entity Name

BFA, INC.

Principal Place of Business

9039 W. SUNRISE BLVD.
PLANTATION FL 33322

Mailing Address

9039 W. SUNRISE BLVD.
PLANTATION FL 33322

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

8362 Pines Blvd

276

City & State

City & State

Pembroke Pines FL 330

Zip

Country

Zip

Country

33024

US

4. FEI Number

65-0451745

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILCOX, CARROLL
9039 W. SUNRISE BLVD.
PLANTATION FL 33322

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
WILCOX, CARROLL
9039 W. SUNRISE BLVD.
PLANTATION FL 33322☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
JOHNSON, PATRICIA
6725 ROSE DR.
MIRAMAR FL 33023☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
COLE, SANDYE
2401 NW 181 TERR
OPA LOCKA FL 33056☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
BARNEY, GLENDA
1020 NE 140 ST.
N. MIAMI FL 33161☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
Danita Petterway
909 N Miami Beach Blvd #503
North Miami Beach FL 33162☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

8/9/01

Date

954 915-6882

Daytime Phone #

CR2037 (5/01)