

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90028 043 \*\*\*550.00

UNIFORM  
 AN

**DOCUMENT # P00000012424**

1. Entity Name  
**B & S SALES CORP.**

Principal Place of Business  
**5413 NORTHWEST 163RD STREET**  
**MIAMI FL 33014**

Mailing Address  
**5413 NORTHWEST 163RD STREET**  
**MIAMI FL 33014**

2. Principal Place of Business  
**13125 NW 47th AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**13125 NW 47th AVE**  
 Suite, Apt. #, etc.

City & State  
**MIAMI FL**  
 Zip  
**33054**  
 Country  
**USA**

City & State  
**MIAMI FL**  
 Zip  
**33054**  
 Country  
**USA**

4. FEI Number  
**05-0978330**

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

**OLDAK, LEON**  
**5413 NORTHWEST 163RD STREET**  
**MIAMI FL 33014**

## 7. Name and Address of New Registered Agent

Name **OLDAK, LEON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13125 NW 47th AVENUE**  
 City **MIAMI FL** Zip Code **33054**

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 *Leon Oldak, PRES.* **9-30-01**  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **OLDAK, LEON**  
 STREET ADDRESS **5413 NORTHWEST 163RD STREET**  
 CITY-ST-ZIP **MIAMI FL 33014**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P, S, T** ☒ Change ☐ Addition  
 NAME **OLDAK, LEON**  
 STREET ADDRESS **13125 NW 47th AVE**  
 CITY-ST-ZIP **MIAMI, FL 33054**

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

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

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TITLE ☐ Change ☐ Addition  
 NAME  
 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: *Leon Oldak* **LEON OLDAK** **7-30-01** **305-986-1120**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)