

2001 UNIFORM BUSINESS REPORT (UBR)

4/24

FILED
May 18, 2001 8:00 am
Secretary of State

04-24-2001 90066 048 ***150.00

DOCUMENT # P00000012440

1. Entity Name

BAUZA-RIVERA SALES INC.

Principal Place of Business

Mailing Address

PO BOX 854
 MT DORA FL 32757

PO BOX 854
 MT DORA FL 32757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO BOX 1774

MT DORA

FL

32756

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

WEZYK, MIRIAM R.

**428 NORTH DONNELLY ST STE #1
 MT DORA FL 32757**

BYRD MIRIAM R.

1714 Normandy Drive

MT. DORA

FL

Zip Code 32757

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 **Miriam R. Byrd - President**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4/19/01

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

TITLE **Pres** **Byrd, Miriam R.** ☐ Delete
 NAME
 STREET ADDRESS **1714 Normandy DR.**
 CITY-ST-ZIP **MT. DORA, FL 32757**

TITLE **Vice President** ☐ Delete
 NAME **David L. Byrd**
 STREET ADDRESS **1714 Normandy Drive**
 CITY-ST-ZIP **MT. DORA, FL 32757**

TITLE **VP** ☐ Delete
 NAME **Byrd, John W.**
 STREET ADDRESS **520 Pepperidge Rd**
 CITY-ST-ZIP **Lewisville, NC 27023**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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 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: **Miriam R. Byrd** **MIRIAM R. BYRD** **4/19/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

866-441-2330

CR2E034 (10/00)