## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P00000017272-BTK PROMOTIONS INC. 02-06-2001 90316 050 \*\*\*150.00 Principal Place of Business Mailing Address 7720 S.W. 172 ST 7720 S.W. 172 ST MIAMI FL 33157 MIAMI FL 33157 712151 Principal Place of Business 3 Mailing Address 336 NW 36 NW 36 AV 36 AU. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For GAIDES VILLE ŦĹ, G A /NESV 592-86-6477 Not Applicable Country Country Zin \$8.75 Additional 5. Certificate of Status Desired 32606 32606 LACHUA ALACHU*A* Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELIZABETH <u>ratino</u> . PATINO, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 7720 S.W. 172 ST **MIAMI FL 33157** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE INO, ELIZABETH PATINO, ELIZABETH NAME NAME 7720 S.W. 172 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33157 CITY-ST-7IP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

(352)332-2072

Change

☐ Addition