2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 16, 2001 8:00 am Secretary of State DOCUMENT # P0000024008 1. Entity Name 05-16-2001 90397 046 ***150.00 BAHAMAS SUPPLY COMPANY Principal Place of Business Mailing Address 10910 S.W. 10TH COURT 10910 S.W. 10TH COURT DAVIE FL 33324 DAVIE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. +, e.c. DO NOT WRITE IN THIS SPACE 8.7**3** Su Olty R. State wy & State 4. FEI Number Applied For 65-09 00.T Not Applicable Zin \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 City 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 \$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME ANANIA, RONALD J STREET ADDRESS STREET ADDRESS 10910 S.W. 10TH COURT CITY-ST-ZiP CITY-ST-ZIP DAVIE FL 33324 Delete Change ☐ Addition TITLE TITLE NAME MAGNOTTA, VINCE NAME STREET ADDRESS 10910 S.W. 10TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ 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 trusted empowered to execute his report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if