

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90399 001 ***150.00
 03-12-2001 90399 002 *****8.75

DOCUMENT # **P00000042557** ✓

1. Entity Name

Bachrach Technologies, Inc.

Principal Place of Business

Mailing Address

**1717 N. Bayshore drive
 Penthouse PC-35
 Miami FL 33132**

2. Principal Place of Business

**1717 N. Bayshore drive
 Suite, Apt. #, etc.
 PC-35**

3. Mailing Address

**1717 N. Bayshore drive
 Suite, Apt. #, etc.
 PC-35**

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1015818

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

33132

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent **NO change**

**Elizabeth Page ^{Bachrach} ~~Green~~ Bachrach
 1717 N. Bayshore drive
 Miami FL 33132**

**Name
 Elizabeth Bachrach
 Street Address (P.O. Box Number is Not Acceptable)
 1717 N. Bayshore drive
 Penthouse C-35
 City
 MIAMI FL Zip Code
 33132**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/2001

305

CR2E034 (11/00)