

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

0118435 AT

DOCUMENT # P00000050634

1. Entity Name
BSB ASSOCIATES, INC.

Principal Place of Business
2690 CARAMBOLA CIRCLE NORTH
COCONUT CREEK FL 33066

Mailing Address
2690 CARAMBOLA CIRCLE NORTH
COCONUT CREEK FL 33066



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1013002

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRADERMAN, BARBARA S
2690 CARAMBOLA CIRCLE NORTH
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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	<input type="checkbox"/> Delete
NAME	BRADERMAN, BARBARA	
STREET ADDRESS	2690 CARAMBOLA CIRCLE NORTH	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Barbara S. Brademan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 19, 2001
 Date

(854) 922-8402
 Daytime Phone #

CR2E034 (5/01)

Attachment Doc# P000000502034
#773190

BSB Associates, Inc.
2690 Carambola Circle North
Coconut Creek, Fl. 33066

July 19, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madame:

I received my filing for the Uniform Business Report a few weeks ago. Today while processing the filing I noticed my filing fee was \$550.00. When I called your office to inquire why the fee was so high, I was told the \$550.00 represented a late fee of \$400.00 in addition to the original filing fee of \$150.00.

From April 2000 thru the middle of February 2001, I was out of the state on a job assignment and living in Wahwah, New Jersey. All my mail had been forwarded to the New Jersey address and then forwarded back to my Coconut Creek address once I returned from the job assignment. Because of the temporary address change, I'm guessing that the original filing request may have gotten lost in the mail. **I NEVER RECEIVED YOUR ORIGINAL FILING REQUEST.** If I had, please be assured that I would have mailed it on time, as is my practice

At this time, I am requesting a waiver of the late fee and am enclosing a check for \$150.00. I am sorry for any inconvenience this may have caused your office.

Sincerely,



Barbara S. Braderman