

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054351

1. Entity Name

B.S.R., INC.

Principal Place of Business

9141 TAFT ST  
PEMBROKE PINES FL 33024

Mailing Address

9141 TAFT ST  
PEMBROKE PINES FL 33024

2. Principal Place of Business

930 S. STATE RD 7

3. Mailing Address

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

Zip

33317

Country

USA

Country

6. Name and Address of Current Registered Agent

SAMMARCO, VINCENT T  
9141 TAFT ST  
PEMBROKE PINES FL 33024

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP  
D STERN, BEN 930 S ST RD 7 PEMBROKE PINES FL 33317 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D MEYER, RICHARD 930 S ST RD 7 PEMBROKE PINES FL 33317 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D FLEISCHER, SCOTT 930 S ST RD 7 PEMBROKE PINES FL 33317 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*Richard A. Meyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/01 954 321-8800

Daytime Phone #

FILED  
Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90071 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. Number

65-1025906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (10/00)

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