## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ar

SIGNATURE:

dress, with

SIGNATURE AND TYPES OF PRINTED NAME OF GINING OFFICER OR DIRECTOR

ke empowered.

## **FILED** Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P0000083137 BOND BUYING GROUP MEMBERSHIP, INC. 03-26-2001 90077 040 \*\*\*150.00 Principal Place of Business Mailing Address 333 3RD AVE N. STE 500 333 3RD AVE N. STE 500 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHAVLAN, MARVIN K Street Address (P.O. Box Number is Not Acceptable) 333 3RD AVE N, STE 500 ST PETERSBURG FL 33701 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ■ Addition TITLE ☐ Delete TITI F President NAME NAME Marvin Shavlan STREET ADDRESS STREET ADDRESS 333 3rd Ave. N., Suite CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL Vice President TITLE Cnange ☐ Addition ☐ Delete TITLE Nick Cleftis NAME NAME 600 Roundwood Dr. STREET ADDRESS STREET ADDRESS Scarboro, ME 04074 CITY-ST-ZIP CITY-ST-ZIP Treasurer ☐ Addition ☐ Change ☐ Delete TITLE TITLE Ivan Jaffe NAME NAME 5055 Monroe St. STREET ADDRESS STREET ADDRESS Toledo, Ohio 43623 CITY-ST-ZIP CITY-ST-ZIP Secretary Addition Change TITLE ☐ Delete TITLE Zev Auerbach NAME NAME 2200 W.Commercial Blvd.#300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft.Lauderdale, FL 33309 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 adjurate 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 a tecture this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 pr Block 12 if chapted or on a state-flower that it is a final factor of the corporation of the corpora