2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)					FILED Sep 06, 2001 8:00 am Secretary of State				
DOCUMENT # P00000085093 '						ecreta1 8-15-2001 90			,
THE BEST OF BAR	BADOS PRODUCT	IONS, INC.	,		V	6-13-2001 X	7004 030	330.00	
Principal Place of Business Mailing Address									
2607 N W 123RD AVENUE 2607 N W 123RD AVENUE				'					
CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33065	,	•					
2. Principal Place of Busine	3. Mailing Address	Vailing Address				/1 (0/0) Billi B a cib i	TIEE 1071 (ED)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			FEI Nurriber 5 - 10 35 9	46		oplied For of Applicable	
Zip.	Country	Zip	Country		Certificate of Status D		-3 \$8.75 :Add Fee Required	litional	- :
6. Name a		7, 1	Name and Address o	1 New Registered	1 Agent				
HUNTE, JANICE J	Name-	BISPI	HAH JA	NICE	J		5·		
2607 N W 123RD AVENUE				Street Address (P.D. Box Number is Not Acceptable)					
CORAL SPRINGS FL 33065				Coral Springs					
	City								
8. The above named entity	submits this statement for the	ne purpose of changing its r	egistered office o	r registered ag	ent, or both, in the Sta	ate of Florida.			
SIGNATURE Signature, typed or	r printed name of registered agent and	title II applicable. (NOTE:	Registered Agent signa	ture required when re	einstating)	8/ 0///E	8 200	<u>)</u>	
This corporation is eligib Tax filing requirement ar (See criteria on back)	! FEE IS \$550. 2001 Fee will be to Departmen	ne \$750.00 nt of State	10. Election Camp Trust Fund Co	ntribution.	☐ Added	O May Be to Fees			
11.	OFFICERS AND DI		12.	PRES	DITIONS/CHANGES				=
NAME	•	☐ Delete	TITLE NAME	Janie		spham	Change Change	Addition 3	<u>8</u>
STREET ADDRESS			STREET ADDRESS	2607	Social	, HOOM	.e 	<u>ة</u>	E034 (5/01)
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	Exemp	Springs	resident.	3306		CHZ
NAME STREET ADDRESS CITY_ST-ZP		Li Delete	NAME STREET ADDRESS COTY ST_ZIP_=====	Marue 11 E	. .	un Driv	ر ان		_
TITLE		☐ Delete	TITLE	-Nokin:	Lauberga	16-1-6-	> 330-0	Addition	_
NAME STREET ADDRESS			NAME STREET ADDRESS			·			
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP				☐ Change	☐ Addition	
NAME		LI Delae	NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					}	
TITLE		☐ Delete	TITLE		·		Change	Addition	
NAME STREET ADDRESS			NAME Street address		•				
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	•	☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS	S. 24	198,47.25	NAME STREET ADDRESS					-	
13. I bereby certify that the I	nformation supplied with the	s filing does not evalled for the	CITY-SI-ZIP	lod in Series 1	10.07(0)(3.5)(4.0)	Abidaa 16iinti	maife, almos au no tod	iormatica	
oi the corporation or the	or suppliemental report is th	ie and accurate and that my ared to execute this report as	r cianoturo chall h	ava tha cama k	and affort or if made	Lindor oath: that I	am an officer of	or director I	
SIGNATURE:	TEGMANIE	TE BERIND	تسا		000	(9	54)	5112	
SIGNATURE;	SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER OF	DIRECTOR		B & LODI		Daytime Phone #	177	