

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90150 004 ***158.75

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1. Entity Name
BAPET PROPERTIES, INC.

Principal Place of Business

C/O IRVING SHIMOFF
 100 S.E. 2ND STREET #3920
 MIAMI FL 33131

Mailing Address

C/O IRVING SHIMOFF
 100 S.E. 2ND STREET #3920
 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 S.E. 2nd Street

Suite, Apt. #, etc.

Suite 3920

City & State
 MIAMI, FL

Zip
 33131

Country
 U.S.

3. Mailing Address

90 Collins
 Suite 1880, 200 South Biscayne Blvd.

Suite, Apt. #, etc.

200 South Biscayne Blvd.

City & State
 Miami, FL

Zip
 33131

Country
 U.S.

4. FEI Number

65-1059116

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIMOFF, IRVING
 100 S.E. 2ND STREET
 SUITE 3920
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
 CHRISTINA COLLINS

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

90 Suite 1880

200 South Biscayne Blvd.

City
 Miami

FL

Zip Code

33131

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

Christina Collins CHRISTINA COLLINS

4-26-02

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, 2002 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
 PTSD
 BALOGH, ZALTA'N
 TEMERD U
 BUDAPEST HUNGARY



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Secretary
 CHRISTINA COLLINS
 90 Suite 1880, 200 S. Biscayne Blvd
 Miami, FL 33131



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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:

Christina Collins CHRISTINA COLLINS

4-26-02 305-372-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)