

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105587

1. Entity Name
BAPET PROPERTIES, INC.



FILED

03 APR 28 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 S.E. SECOND STREET
SUITE 3920
MIAMI FL 33131

Mailing Address
C/O COLLINS, SUITE 1880 1100 WEST AVENUE
200 SOUTH BISCAYNE BLVD. # 526
MIAMI FL 33131 MIAMI BEACH, FL 33139



2. Principal Place of Business

3. Mailing Address

90 COLLINS 1100 WEST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

526

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

MIAMI BEACH, FL

4. FEI Number

65-1059116

Applied For

Not Applicable

Zip

Country

Zip

Country

33139

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, CHRISTINA
C/O SUITE 1880
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

Name Christina Collins

Street Address (P.O. Box Number is Not Acceptable)
1100 WEST AVENUE

526

City

MIAMI BEACH, FL

FL

Zip Code

33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Christina Collins

2-25-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00

May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DAROCZI, LAJOS
STREET ADDRESS 2040 BUDAORS
CITY-ST-ZIP SZECHENYI U. 29 HUNGARY

☐ Delete

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☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (10/02)