

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-21-2002 91231 003 ***150.00

DOCUMENT # P01000056208

1. Entity Name

B.B.I.M., INC.

Principal Place of Business

**17382 SOUTHWEST 143RD PLACE
 MIAMI FL 33177**

Mailing Address

**17382 SOUTHWEST 143RD PLACE
 MIAMI FL 33177**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

657110785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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, 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	PD	<input type="checkbox"/> Delete
NAME	BARDERE, BRIDGETTE L	
STREET ADDRESS	17382 SOUTHWEST 143RD PLACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WASHINGTON, MADNEY I	
STREET ADDRESS	17382 SOUTHWEST 143RD PLACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	S	<input type="checkbox"/> Delete
NAME	WRIGHT, MARLON	
STREET ADDRESS	17382 SOUTHWEST 143RD PLACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARTLEY, DENSMORE	
STREET ADDRESS	17382 SOUTHWEST 143RD PLACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Bridgette L Bardere
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02 (784) 863-7494
 Date Daytime Phone #

(954) 658-7861

CR2E034 (9/01)

attachment 35303 PO1006656208

Form **SS-4**

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN **65-1110785**

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) B.B.I.M., INC.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 17382 Southwest 143 Place	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Miami, Florida 33177	5b City, state, and ZIP code
	6 County and state where principal business is located Miami-Dade County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Bridgette L. Bardere, President (ssn 449-95-0415)	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ► Profit
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) 06/07/01	11 Closing month of accounting year (see instructions) December
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	07/01
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural 2	Agricultural	Household
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14 Principal activity (see instructions) ► Commercial & Residential Cleaning	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►	

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.	

17b If you checked "Yes" on line 17a, give applicant's legal name and true name shown on prior application, if different from line 1 or 2 above.	Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Business telephone number (include area code) (305) 278-8992
		Fax telephone number (include area code) ()

Name and title (Please type or print clearly.) ► **Elsie Sanchez, Treasurer**

Signature ►  Date ► **06/11/01**

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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