2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 25, 2002 8:00 am Secretary of State 05-28-2002 91726 007 ***150.00

DOCUMENT #

1. Entity Name

B. M. PROJECTS, INC. P01000061249

Principal Place of Business	Mailing Address
10405 OLD ST AUGUSTINE ROAD	C/O YU D. HAN. C.P.A.
JACKSONVILLE FL 32257	4401 EMERSON STREET #8
	JACKSONVILLE FL 32207
2. Principal Place of Business	3. Mailing Address

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JACKSONVILLE FL 32207											
2. Principal Place of Business		3. Mailing Address				1 19811799 III OQIDI (1011 OBIIY 29114 BI	HIII BRITA DI	(DY 1701D LEBÝ	Í KEIT (OL MU		
Suile, Apt. #, etc.		Suite, Apt. #, etc.			┪.	DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	4. FEI Number Applied For S9-3725082 Not Applicable				
Zip		Country	Zip Cour		ry	5.				Not Applicable 5 Additional	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name:						
HAN, YU D CPA 4401 EMERSON STREET				ŀ	Street Address (P.O. Box Number is Not Acceptable)					-	-
SUITE 8	310011 0114	~ ·		<u>-</u>							4
	IVILLE FL 32	207	•		-			_			
					City			FL	Zip Co		
8. The above the obliga	e named entity itions of registe	submits this statement for ered agent.	the purpose of changing its	registered	d office or registe	red ac	gent, or both, in the State of Florida	a. I am fa	miliar with	, and accept	1
SIGNATURE	Signature, typed o	r printed name of registered agent an	of title if engineers and title	- Danietara d							
A 70			T		Agent signature require	d when n	einstating)	DATE			_
9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elects to do so. (See criteria on back)			After September 13	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750. Make Check Payable to Department of State			10. Election Campaign Financ Trust Fund Contribution.	ing 🗆		00 May Be d to Fees	
11.		OFFICERS AND D		12,			DDITIONS/CHANGES TO OFFICER	RS AND F	DIBECTOR	S IN 11	-
TITLE	PSD DON	4.4	☐ Delete	TITLE	.E				☐ Change	☐ Addition	18
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CITY-ST-ZIP		LLE FL 32257		CITY-S1	ADDRESS T-zip						180
TITLE	VTD		☐ Delete	TITLE					Change	☐ Addition	-{ <u>§</u>
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TREET ADORESS				STREET A	DDRESS						l

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 receiver, or tractise empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if