

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-13-2002 90199 041 ***158.75

DOCUMENT # P01000085425

1. Entity Name
BIC-BUSINESS VISAS USA, INC.

Principal Place of Business Mailing Address
2724 FOREST KNOLL DRIVE 2724 FOREST KNOLL DRIVE
SARASOTA FL 34232 SARASOTA FL 34232



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
240 N. WASHINGTON BLVD P.O. Box 50362
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
SARASOTA, FL SARASOTA, FL 65-1139576 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional
34236 -USA- 34232 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MECKMAN, J MAARTEN Name
2724 FOREST KNOLL DRIVE Street Address (P.O. Box Number is Not Acceptable)
SARASOTA FL 34232 **240 N. WASHINGTON BOULEVARD**
SUITE 314
 City **SARASOTA** **FL** Zip Code **34236**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **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 ☐ **\$5.00 May Be**
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	MECKMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECKMANN, J. MAARTEN		NAME	(NOTE SPELLING)	
STREET ADDRESS	2724 FOREST KNOLL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/02 941-379-2728
 Date Daytime Phone #

CR2E034 (9/01)