

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -2 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

42853

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P01000111092**
1. Entity Name **BAHAMAS DEVELOPERS.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State **BISCAYNE PARK**
Zip **33161** Country **USA**

3. Mailing Address
Suite, Apt. #, etc.
City & State **FLORIDA**
Zip Country

4. FFI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name **KEITH A TYLER**
Street Address (P.O. Box Number is Not Acceptable)
11032 NE 9th Court
City **BISCAYNE PARK** FL Zip Code **33161**

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1, May 1, Fee is \$100.00
After May 1, Fee is \$550.00
Amended UBR is \$101.25
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	PRESIDENT
NAME	KEITH A TYLER
STREET ADDRESS	11032 NE 9th Ct
CITY, ST, ZIP	BISCAYNE PARK FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone /

CR20348 (12/01)

Zeit

Attention Jennifer.
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314.

Dear Jennifer,

Thank you for your recent e-mail response to my dilemma (copy attached). Unfortunately you did not give me your last name and so I am concerned that this letter will not find you.

I was not able to pay the annual fees on Bahamas Developers Inc because I did not receive any instructions to do so. I have remedied this situation by setting up a system where by one month before the corporations anniversary we are reminded to pay the fee.

Thank you for your help with this matter here are the particulars of the corporation.

Bahamas Developers Inc
11032 NE 9th Court
Biscayne Park, FL 33161

Best regards

KEITH N. TYLER.
KEITH N. TYLER.

1. The first step in the process of the development of the curriculum is the identification of the needs of the community.

[illegible]