


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90202 043 ***150.00

DOCUMENT # P01000118466

1. Entity Name
BANIC, CORP.



Principal Place of Business
10250 SW 56 ST. D-101
MIAMI FL 33165

Mailing Address
10250 SW 56 ST. D-101
MIAMI FL 33165



2. Principal Place of Business
175 FOUNTAINBLEAU BLVD
Suite, Apt. #, etc.
2 J-2A
City & State
MIAMI, FL
Zip
33172
Country
MIAMI-DADE

3. Mailing Address
175 FOUNTAINBLEAU BLVD
Suite, Apt. #, etc.
2 J-2A
City & State
MIAMI FL
Zip
33172
Country
MIAMI-DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1159361

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUNCAN, JAMES
460 NW 97 PL
MIAMI FL 33172

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

SIGNATURE JAMES DUNCAN (NOTE: Registered Agent signature required when reinstating)

DATE 2/18/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DUNCAN, JAMES	
STREET ADDRESS	460 NW 97 PL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CISNEROZ, PHILLIP	
STREET ADDRESS	13057 SW 88 TERR S	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	DUNCAN, MALVINA	
STREET ADDRESS	460 NW 97 PL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	

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 reports 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: JAMES DUNCAN 2/18/03 (305) 285-9744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)