

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90127 002 ***150.00

DOCUMENT # P02000123746

1. Entity Name
BHA-KU, INC.



Principal Place of Business
**P.O. BOX 227921
MIAMI FL 33122-7921**

Mailing Address
**P.O. BOX 227921
MIAMI FL 33122-7921**



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

46-0512880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLMER, BRENT G
712 US HWY ONE STE 400
N PALM BCH FL 33408**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	President Sandra P. Cuartas 10400 NW 33rd St. #120 Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Change
<input type="checkbox"/> Delete	V.P. Sandra P. Cuartas 10400 NW 33rd St. #120 Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Change
<input type="checkbox"/> Delete	Treasurer Sandra P. Cuartas 10400 NW 33rd St. #120 Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Change
<input type="checkbox"/> Delete	Secretary Sandra P. Cuartas 10400 NW 33rd St. #120 Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Change
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E034 (10/02)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/03