

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000003521

1. Entity Name

BANIM, INC.

Principal Place of Business

7966 TENNYSON COURT
BOCA RATON FL 33433

Mailing Address

7966 TENNYSON COURT
BOCA RATON FL 33433-4144

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

65-0370584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGOLIES, ISRAEL
7966 TENNYSON COURT
BOCA RATON FL 33433

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MARGOLIES, ISRAEL	
STREET ADDRESS	7966 TENNYSON COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	MARGOLIES, MICHAEL Z	
STREET ADDRESS	ONE IBM PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARGOLIES, ELLIOT	
STREET ADDRESS	3205 EMERSON	
CITY-ST-ZIP	PALO ALTO CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARGOLIES, JOSH	
STREET ADDRESS	8203 BLACKLAURN AVE	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARGOLIES, JOEL	
STREET ADDRESS	285 AYCRIGG AVE	
CITY-ST-ZIP	PASSAIC NJ	
TITLE		<input type="checkbox"/> Delete
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
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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	

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: Israel Margolies ISRAEL MARGOLIES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2000 561-391-7262
Date Daytime Phone #

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90028 011 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)