

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90095 044 ***150.00

DOCUMENT # P93000012405

1. Entity Name

BHLIM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3005 Caring Way

Suite, Apt. #, etc.
Suite A

City & State
Port Charlotte, FL

Zip
33952

Country
Charlotte

3. Mailing Address
3005 Caring Way

Suite, Apt. #, etc.
Suite A

City & State
Port Charlotte, FL

Zip
33952

Country
Charlotte

4. FEI Number
65-4042783

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name
LoRicco, Carlo J.

Street Address (P.O. Box Number is Not Acceptable)
3005 Caring Way

Suite A

City
Port Charlotte

FL Zip Code
33952

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LoRicco, Carlo J.
3005 Caring Way #A
Port Charlotte, FL 33952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Limoncelli, Anthony
21275 Olean Blvd.
Port Charlotte, FL 33952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Bhat, Saligrama
2885 Tamiami Trail
Port Charlotte, FL 33952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Director Carlo J. LoRicco

4-11-03 941-529-1197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #