

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 17 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P93000014339 1. Entity Name B.C.H. ASSOCIATES, INC.					
Principal Place of Business 501 E PALMETTO PK RD BOCA RATON, FL 33432 US			Mailing Address 501 E PALMETTO PK RD BOCA RATON, FL 33432 US		
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 65-0390702				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		
MALAGA, MELISSA H 501 E PALMETTO PK RD BOCA RATON, FL 33432			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 January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HADDAD, CALVIN 400 SE 5TH AVE, # 604 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800080932318 10/18/06--01004--013 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HADDAD, BABETTE L 400 SE 5TH AVE, # 604 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALAGA, MELISSA H 1250 SPANISH RIVER RD BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			10-9-06 561-347-7077 Date Daytime Phone #		

10/23/06