

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000040404**

1. Entity Name

BRS ASSOCIATES, INC.**FILED**
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90044 029 ***150.00

Principal Place of Business

Mailing Address

**9033 WINDING WOODS DR
LAKE WORTH FL 33467
US****9033 WINDING WOODS DR
LAKE WORTH FL 33467-2316
US**

00014872

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0413298**

Applied For

Not Applied

Zip

Country

Zip

Country

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

**PAWLUC, SONIA M
819 S FEDERAL HWY
SUITE 106
STUART FL 34994**

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** ..
Added to ..

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PTS	<input type="checkbox"/> Delete
NAME	SHAH, BANKIM	
STREET ADDRESS	9033 WINDING WOODS DR	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	SHAH, FILIZ B.	
STREET ADDRESS	9033 WINDING WOODS DR	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change
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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bankim Shah **Bankim Shah**

Date

Daytime Phone #