1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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DOCUMENT # P93000040753 1. Corporation Name

BAMACOR ENTERPRISES, INC.

Mailing Address Principal Place of Business 7101 NW 108TH AVE 7101 NW 108TH AVE TAMARAC FL 33321 TAMARAC FL 33321

9. Name and Address of Current Registered Agent

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90058 010 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

06/09/1993

65-0416503

4. FEI Number

7101 NW 108TH AVE. TAMARAC FL 33321				82 Street Address (P.O. Box Number is Not Acceptable) 83					
office or re	to the provisions of Sections 607.0502 an egistered agent, or both, in the State of F m familiar with, and accept the obligations	onda. Such change was auf	nonzed by	ine corporati	poration submits this statem ion's board of directors. I he	ent for the purpose of reby accept the appoin	changing its itment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE: F	Pegistered Agen	t signature regulir	ed when reinstating)	DATE			
12. OFFICERS AND DIRECTORS 13.				The second state of the se					
TITLE	S	☐ DELETE	1.1 TITLE		•		Change	☐ Addition	
NAME	LANDERS, MICHELLE		1.2 NAME						
STREET ADDRESS	7101 NW 108TH AVE		1.3 STREET	ADDRESS				İ	
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST						
TITLE	VPD	☐ DELETE	2.1 TITLE		, 		☐ Change	☐ Addition	
NAME	LAMDERS, MICHELLE		2.2 NAME					-	
STREET ADDRESS			2.3 STREET	ADDRESS	1		_ .		
CITY-ST-ZIP	TAMARAC FL		2. 4 CITY-S			•		Ì	
TITLE	INMAINOTE	☐ DELETE	3.1 TITLE	· 			☐ Change	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS	•		3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS	•		4.3 STREET	ADDRESS				i	
CITY-ST-ZIP			4.4 CITY-ST	r-zip					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME			5.2 NAME			**		į	
STREET ADDRESS			5.3 STREET	ADDRESS				İ	
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME		_	6.2 NAME					ì	
STREET ADDRESS			6.3 STREET	ADDRESS				,	
CITY-ST-ZiP			6.4 CITY-ST						
14 I hereby c	certify that the information supplied with the	is filing does not qualify for	the exempti	on stated in	Section 119.07(3)(i), Florida	Statutes. I further cer	tify that the i	nformation	

Country

Name

30

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.