

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023128

1. Entity Name

BAMCO 441, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90099 029 ***150.00

Principal Place of Business

1991 SW 40TH AVE.
PLANTATION FL 33317
US

Mailing Address

115 N CORTEZ DR.
CIRCLE "G"
MARGATE FL 33068-1951
US

2. Principal Place of Business

1991 SW 40TH AVE

Suite, Apt. #, etc.

3. Mailing Address

1492 E BROWARD BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

4. FEI Number

65-0469261

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33301

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANGNITX, BERNIE
115 N. CORTEZ DR. #G
SUITE E
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

ANGEL T. FRANCO

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

1492 E BROWARD BLVD

City

FT LAUDERDALE

FL

Zip Code

33301

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

Angel T. Franco

ANGEL T. FRANCO

04/19/00

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MANGNITZ, BERNIE	
STREET ADDRESS	115 N. CORTEZ DR. #G	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		ANGEL T. FRANCO	
STREET ADDRESS		1492 E BROWARD BLVD	
CITY-ST-ZIP		FT. LAUDERDALE, FL 33301	
TITLE	V/S	MARY HELEN FRANCO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1492 E BROWARD BLVD	
STREET ADDRESS		FT. LAUDERDALE, FL 33301	
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
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:

Angel T. Franco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGEL T. FRANCO

04/19/00

Date

(954) 523-9609

Daytime Phone #

CR2E034 (9/99)