

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057134

1. Entity Name
BIREH, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90002 039 ***158.75

Principal Place of Business

9941 SW 4TH STREET
PLANTATION FL 33324
US

Mailing Address

9941 SW 4TH STREET
SUITE 305
PLANTATION FL 33324-2801
US

80021062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1133 S. University Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#202

City & State
Plantation, FL

City & State

4. FEI Number 65-0554245

Applied For
Not Applicable

Zip
33324

Country
U.S.A

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

CELIA, ADELITA L
C/OMGMT CORP
1133 S. UNIVERSITY DR. - #202
PLANTATION FL 33324

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
NOFAL KAHOOK
9941 SW 4TH STREET
PLANTATION FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Nofal Kahook Nofal Kahook 1/31/00 (954)972-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)