

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90012 049 ***150.00

DOCUMENT # P95000005492

1. Entity Name

BEMAK GROUP CORPORATION

Principal Place of Business

Mailing Address

15569 SW 112TH DR.
 MIAMI FL 33196

15569 SW 112TH DR.
 MIAMI FL 33196

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0561063

Applied For

Not Applicable

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

ABULHOSA, AFIF
 15569 SW 112 DR
 MIAMI FL 32196

ABDULHUSN

Name

ABDULHUSN AFIF

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

15569 S.W. 112 DR.

City

MIAMI

FL

Zip Code

33196

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, 2001 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 Delete
 NAME **P ABULHUSA, AFIF**
 STREET ADDRESS **15569 S.W. 112 DR**
 CITY-ST-ZIP **MIAMI FL 33196**
ABOULHOSN

TITLE Change Addition
 NAME **PRESIDENT ABULHUSN AFIF**
 STREET ADDRESS **15569 S.W. 112 DR**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE Delete
 NAME **VP ABOULHOSAT, EDWARD**
 STREET ADDRESS **13913 SW 93L**
 CITY-ST-ZIP **MIAMI FL 33196**
ABOULHOSN

TITLE Change Addition
 NAME **V.P. ABOULHOSN EDWARD**
 STREET ADDRESS **15569 S.W. 112 DR**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **V.P. AFIF ABOULHOSN JR**
 STREET ADDRESS **8006 S.W. 149 AV.**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2001

Date

Daytime Phone #

0601166

CR2E034 (10/00)

646401



DO NOT WRITE IN THIS SPACE