## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000039986 1. Entity Name

BACH'S HOME IMPROVEMENTS, INC.

## FILED Jan 26, 2001 8:00 am Secretary of State 01-26-2001 90003 036 \*\*\*150.00

Principal Place of Business Mailing Address								
234 SW 25TH RD Miami FL 33129		234 SW 25TH RD MIAMI FL 33129						
					L ARRIVANI MIR ARRÎN BURU RAMÎ ARMÎN AR	<b></b> 1006 <b>.</b> 180		AF (
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE	IN THIS SPAC	Œ	
City & Stat	е	City & State	City & State		Et Number 65-0582225			oplied For of Applicable
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	□ \$8.	<b>75</b> Add Require	litional d
	6. Name and Address of Cui	rrent Registered Agent		7. 1	lame and Address of New Reg	istered Agen	t	
	H, ROGER SW 25TH RD		Name Street Addres		ss (P.O. Box Number is Not Acceptable)			
	AI FL 33129							
			City			FL	Zip Code	e
8. The above	named entity submits this stateme	ent for the purpose of changing its	s registered office or re	egistered ag	ent, or both, in the State of Floric	 da.		
	Rose Bro	. //				-12 ~	1	
SIGNATURE.	Signature, typed originated name of registered	agent and title if applicable. (NOT	E: Registered Agent signature	required when re	instating)	-12-0 DATE	1	
9 This corns	pration is eligible to satisfy its Intan	mille FILE NOW	!!! FEE IS \$150.00	<u></u>				
	equirement and elects to do so.		After MAY 1, 2001 Fee will be \$550.00		<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	ncing		May Be
(See criter			ble to Department o					
11,		AND DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE			
TITLE NAME	DP BACH, ROGER	☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS	234 SW 25TH RD		STREET ADDRESS					
CITY-ST-ZIP	MIAM! FL 33129		CITY-ST-ZIP					
TITLE	IND WITTE GOTES	Delete	TITLE				Change	Addition
NAME			NAME				Ť	_
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>			
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAME					
STREET ADDRESS	H.		STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	<del>,</del>	<del></del>			
TITLE		☐ Defete	TITLE				Change	☐ Addition
NAME STREET ADDRESS	`		NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	<u> </u>	□ Delete	TITLE		<del></del>		Change	☐ Addition
NAME		∟ Delete	NAME			Ш,	Uniongo	FIGURION
STREET ADDRESS			STREET ADDRESS		•			
CITY-ST-ZIP			C!TY-ST-ZIP					
TITLE	<u> </u>	☐ Delete	TITLE				Change	☐ Addition
NAME			NAME			_	-	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
<b>13.</b> ! hereby o	ertify that the information supplied	with this filing does not qualify fo	r the exemption stated	d in Section	119.07(3)(i), Florida Statutes. I fu	rther certify th	at the ir	formation

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