

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058353

1. Entity Name

B H VENTURES, INC.

Principal Place of Business

4415-4437 HOLLYWOOD BLVD
HOLLYWOOD FL 33021
US

Mailing Address

4437 HOLLYWOOD BLVD
HOLLYWOOD FL 33021
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

4. FEI Number **65-0614149**

Applied For

Not Applicable

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

HAMPTON, SHARON
3111 N OCEAN DR #1107
HOLLYWOOD FL 33019

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, 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 **PSTD**
NAME HAMPTON, SHARON
STREET ADDRESS 3111 N OCEAN DR #1107
CITY-ST-ZIP HOLLYWOOD FL

Delete

TITLE **VD**
NAME BRAUN, DAVID F
STREET ADDRESS 1601 PALM AVE
CITY-ST-ZIP PEMBROKE PINES FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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:

Sharon Hampton, Inc.

Date

Daytime Phone #

0108162

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90014 025 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)