## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 30, 2002 8:00 am P95000060420 DOCUMENT # Secretary of State 1. Entity Name 01-30-2002 90092 027 \*\*\*150 00 B & M SALES, INC. Principal Place of Business Mailing Address 2840 STIRLING RD 2840 STIRLING RD RAY--A BAY-A HOLLYWOOD FL 33020-1125 HOLLYWOOD FL 33020-1125 2. Principal Place of Business 3. Mailing Address 4064 N. 30# AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For HOLLY WOOD 65-0597606 HOLLY WOOD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEIDNER, BERNARD L Street Address (P.O. Box Number is Not Acoreptable) 4064 N. 304 AVENUE 2840 STIRLING RD BAY-A HOLLYWOOD FL 33020-1125 City 8. The above named entity submits tatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5:00-May-Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ' OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete SEIDNER, BERNARD L NAME 4064 N, 30TH AVENUE HOLLYWOOD, FL 33020-1051 STREET ADDRESS 2840 STIRILING RD-BAY A STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020-1125 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP