

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000079173**

1. Entity Name
B.S.M. OF CAROLWOOD CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 1:56

Principal Place of Business Mailing Address
2116 MERRICK AVE SUITE #3009 MERRICK, NY 11566 JANC

2. Principal Place of Business 3. Mailing Address
2116 MERRICK AVE SUITE #3009 MERRICK, NY

DO NOT WRITE IN THIS SPACE
09/13/01 90008-011 \$550.00

City & State ZIP Country
MERRICK, NY 11566 USA

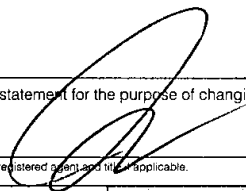
4. FEI Number Applied For Not Applicable
11-3289007

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
Name **JOHN MELITAKHA ATTORNEY**
Street Address (P.O. Box Number is Not Acceptable)
8801 BISCAYNE BLVD SUITE #101
City **MIAMI** FL Zip Code **33138**

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  DATE **10-19-01**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLE, MATTHEW 2116 MERRICK AVE MERRICK, NY 11566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MATTHEW SOLE**  DATE **9/27/01** DAYTIME PHONE # **516-223-1313**

CR2E034 (11/00)