

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90030 043 ***150.00

DOCUMENT #598A0004180

1. Entity Name BARTENDERS TRAINING INSTITUTE OF
AMERICA _ B.T.I.A. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
184 SUNSET AVE

3. Mailing Address
P O BOX 2941

Suite, Apt. #, etc.
#38

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH, FL

City & State
PALM BEACH, FL

4. FEI Number
59-3525395

Applied For
Not Applicable

Zip
33480

Country
U.S.

Zip
33480

Country
u.s.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name PATRICK OHANNESSIAN

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

City PALM BEACH **FL** **Zip Code** 33480

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	SECRETARY PATRICK OHANNESSIAN 184 SUNSET AVE #38 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ANTOINE OHANNESSIAN 1010 SHERHROUKE BOX 46 MONTREAL, CANADA H 3A 2R7
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)