

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-22-2004 90022 036 ***150.00
05-19-2004 90012 013 ***158.75
P95000086252

04 MAY 25 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000086252

1. Entity Name

Baha, Inc



DO NOT WRITE IN THIS SPACE

RECEIVED STATEMENT 03-04
54054838

2. Principal Place of Business

3291 Cleveland Ave

Suite, Apt. #, etc.

A

3. Mailing Address

3291 Cleveland Ave

Suite, Apt. #, etc.

A

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

Zip

33901

Country

USA

Zip

33901

Country

USA

DO NOT WRITE IN THIS SPACE

03-22-04 90022 036

\$150.00

4. FEI Number

650622725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Bruce B. Akicka

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

3291-A Cleveland Ave

City Ft. Myers

FL

Zip Code

33901

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bruce B. Akicka

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

231 3/16/04

Date

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President
NAME Bruce B. Akicka
STREET ADDRESS 3291-A Cleveland Ave
CITY-ST-ZIP Ft. Myers FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice-President
NAME Sergio Moya
STREET ADDRESS 3291-A Cleveland Ave
CITY-ST-ZIP Ft. Myers, FL 33901

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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce B. Akicka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

231 275-9252

Date

Daytime Phone #

CR2E034B (12/02)