

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # **PA6000027327**

1. Entity Name
Birland Corporation

FILED

00 DEC -4 PM 11: 18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
12405 Biscayne Blvd. 12405 Biscayne Blvd
North Miami, Fl 33181 North Miami, Fl 33181

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **65-0654642** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Maravalhas Helena M.
12405 Biscayne Blvd
North Miami, Fl 33181

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	President Maravalhas Helena M. 12405 Biscayne Blvd North Miami, Fl 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-president Martins Ana 12405 Biscayne Blvd North Miami, Fl 33181	<input checked="" 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-2000 -
Date

305-899-1605
Daytime Phone #

CR2E034 (9/99)

Bikeland Corporation
12405 Biscayne Blvd.
North Miami, FL 33181

292
F96-
27327

Ref: FEI # 65-0654642
To whom it may concern:

We are being charged \$600.00 in penalty charges on the application for reinstatement due to failure to apply by the deadline.

The reason why we failure to pay by the deadline was because we did not received the bill on time, the first and only bill we received was on October 23, 2000. As soon as I received I send it to my accountant and he explained to me what was going on.

Now I am writing this letter to requested the penalty charges to be remove from my account. Please also find with this letter the application for reinstatement and the check in the amount of \$150.00.

If you have any question please do not hesitate to call me (305) 899-1605.
Thanks for your time and cooperation.

Sincerely,


Helena Maravalhas