

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90364 047 ***158.75

DOCUMENT # P 96 0000 67783

1. Entity Name
 Bad Boy Classics Inc. ✓

Principal Place of Business
 5985 S.W. 44th St
 Davie FL 33314

Mailing Address
 5985 S.W. 44th St
 Davie FL 33314

2. Principal Place of Business
 3220 Canal Dr Apt 4
 Suite, Apt #, etc.
 4

3. Mailing Address
 3220 Canal Dr Apt 4
 Suite, Apt #, etc.
 4

City & State
 Pompano Beach FL

City & State
 Pompano Beach FL

Zip
 33062

Country
 USA

Zip
 33062

Country
 USA

4. FEI Number
 65-0690332

Applied For
 Not Applicable

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

A0070954

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Porta Michael
 520 S. Dixie Hwy
 Hollywood FL 33020

7. Name and Address of New Registered Agent

Name
 Benjamin Beeman

Street Address (P.O. Box Number is Not Acceptable)
 3220 Canal Dr Apt 4

City
 Pompano Beach FL

Zip Code
 33062

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 Benjamin Beeman Pres. Benjamin Beeman Pres. 4/18/2001
 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) ☐

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 ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Pres	Benjamin Beeman	<input type="checkbox"/> Delete
NAME	5985 S.W. 44th St	
STREET ADDRESS	Davie FL 33314	
CITY-ST-ZIP		
TITLE VP	christopher DeMarcado	<input type="checkbox"/> Delete
NAME	5985 S.W. 44th St	
STREET ADDRESS	Davie FL 33314	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3220 Canal Dr Apt 4	
STREET ADDRESS	Pompano Beach FL 33062	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4979 S.W. 80th Way	
STREET ADDRESS	Cooper City FL 33328	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Benjamin Beeman Pres 4/18/2001 759-783-0755
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)