

**2000 UNIFORM BUSINESS REPORT (UBR)**

1 of 2

DOCUMENT # P96000096397  
 1: Entity Name  
 Business & Friends Services, Inc.

FILED

00 JUN -1 PM 12:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 204 Washington Avenue  
 Homestead, FL 33030

Mailing Address  
 204 Washington Avenue  
 Homestead, FL 33030

2. Principal Place of Business  
 204 Washington Avenue  
 Suite, Apt. #, etc.

3. Mailing Address  
 204 Washington Avenue  
 Suite, Apt. #, etc.

City & State  
 Homestead FL

City & State  
 Homestead, FL

Zip  
 FL 33030

Country  
 USA

Zip  
 33030

Country  
 USA

*[Handwritten initials]*

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0714749 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 Agero, Charles Jr  
 204 Washington Avenue  
 Homestead, FL 33030

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 \_\_\_\_\_  
 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PUSTD Agero, Charles Jr. 2616 SE 19 ct Keys Gate, FL 33035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  400003343194--7 -08/02/00--01012--012 *****150.00 *****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: *[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-25-00 (305) 246-0401  
 Daytime Phone #

CR2E034 (9/99)

HH: Andy DURING  
850) 487-6017

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**LAZARUS CORPORATE FILING SERVICES, INC.**

3320 S.W. 87<sup>th</sup> Avenue  
(305)552-5973  
(305)220-1440 Fax

Department of State  
Division of Corporation  
Annual Report Department

June 1, 2000

Re: Business & Friends Services, Inc.

To whom it may concern:

Our client states that they never received their annual report form.

They will appreciate if late fee is waived .

Please excuse any inconvenience this might have caused.

If you have any question please feel free to contact us at (305)552-5973 .

Thanking you in advance,

Lazarus Corporate Filing Service, Inc.

