

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

**FILED**

02 AUG 20 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-09/11/02--01044--027  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

*ulr*

DOCUMENT # P96000096397  
1. Entity Name  
BUSINESS & FRIENDS SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
204 WASHINGTON AVENUE  
Suite, Apt. #, etc.

3. Mailing Address  
204 WASHINGTON AVENUE  
Suite, Apt. #, etc.

City & State  
HOMESTEAD, FLORIDA

City & State  
HOMESTEAD, FLORIDA

Zip 33030 Country USA

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4. FEI Number 65-0714749

Applied For  
 Not Applicable

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 AGERO, CHARLES JR.

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

City HOMESTEAD FL Zip Code 33030

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 retaking)

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 \$512.00  
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	D AGERO, CHARLES JR. 204 WASHINGTON AVENUE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AGERO, LILIANA C. 204 WASHINGTON AVENUE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>

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 empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

*Handwritten signature*



**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
**Secretary of State**

August 8, 2002

**BUSINESS & FRIENDS SERVICES, INC.**  
**394 WASHINGTON AVE**  
**HOMESTEAD, FL 33030**

**Subject: BUSINESS & FRIENDS SERVICES, INC.**

**Reference Number: P96000096397**

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

The new registered agent must sign accepting the designation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/tm  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314