

1052

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

03 SEP 29 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000096397

1. Entity Name
Business & Friends Services, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
204 Washington Ave

Suite, Apt. #, etc.

3. Mailing Address
204 Washington Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Homestead, FL

Zip
33030

Country
USA

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
Charles Agero Jr

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

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

SIGNATURE _____ DATE 09/30/03--01034--028 ****150.00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>CEO</u> <u>Agero Jr, Charles</u> <u>204 Washington Ave Homestead, FL</u> <u>33030</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: [Signature] 9/25/03 (305) 246-0401

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

CR2E034B (12/02)

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20f2

Miami, Florida
September 24, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: P96000096397
~~BUSINESS & FRIENDS SERVICES, INC.~~
204 WASHINGTON AVENUE
HOMESTEAD, FL 33030

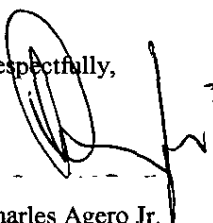
To Whom It May Concern:

Upon our conversation I'm mailing the Uniform Business Report form, I have not received any previous notices.

As per your request I'm enclosing the report with the \$150.00 fee, and requesting to your office waive the penalties incurred in this situation.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,



Charles Agero Jr.
CEO