

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

3. Mailing Address  
204 Washington Ave

Suite, Apt. #, etc.

City & State  
Homestead, FL

City & State  
Homestead, FL

Zip  
33030

Country  
USA

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 \_\_\_\_\_

200023420772  
09/30/03--01034--028 \*\*150.00

(NOTE: Registered Agent signature required when reinstating) DATE

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 Agero Jr, Charles 204 Washington Ave Homestead, FL 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/25/03 Daytime Phone # (305) 246-0401

CR2E034B (12/02)

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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

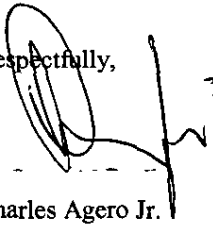
To Whom It May Concern:

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