

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91005 019 ***150.00

DOCUMENT # P97000009953

1. Entity Name
 BHS & ASSOCIATES, INC.

Principal Place of Business
 2004 SOUTH PRINCE
 COURT
 WINTER PARK, FL
 32792

Mailing Address
 2004 SOUTH PRINCE
 COURT
 WINTER PARK, FL
 32792-7623

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3452706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEMUS, ANTONIO C.P.A., P.A.
 112 MARCIA DRIVE
 ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name
 ANTONIO LEMUS C.P.A., P.A.

Street Address (P.O. Box Number is Not Acceptable)
 108 MARCIA DRIVE

City ALTAMONTE SPRINGS

FL

Zip Code 32714

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)

ANTONIO LEMUS

4/07/01

DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.** ☐
 (See criteria on back)

FILE NOW!!!
After MAY 1, 2001
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTSD	<input checked="" type="checkbox"/> Delete
NAME	BARQ, MOMTAZ	
STREET ADDRESS	2004 SOUTH PRINCE COURT	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ABDALLAH, MOHAMMED	
STREET ADDRESS	2027 CORBETT ROAD	
CITY-ST-ZIP	ORLANDO, FL 32836	
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	PTSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARQ, MIRNA	
STREET ADDRESS	2004 S. PRINCE COURT	
CITY-ST-ZIP	WINTER PARK, FL 32792	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

MIRNA BARQ

Date

Daytime Phone #

4-26-01

407-836-7893

CR2E034 (11/00)