## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 11001 S.W. 60TH AVE.

MIAMI FL 33156-4920

## DOCUMENT # P97000048695

1. Entity Name

Principal Place of Business

11001 S.W. 60TH AVE. MIAMI FL 33156

**B.B. TRANSCRIPTIONS, INC.** 

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0765009 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLANCO, BELKIS Street Address (P.O. Box Number is Not Acceptable) 11001 S.W. 60TH AVE. MIAMI FL 33156 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/99) Change ☐ Addition ☐ Delete TITLE **BLANCO, BELKIS** NAME STREET ADDRESS STREET ADDRESS 11001 S.W. 60TH AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete

13. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3X-667-833Y

Change

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FILED

Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90107 012 \*\*\*150.00