

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057364

1. Entity Name

BAMAR, INC.

FILED  
Jun 22, 2001 8:00 am  
Secretary of State

06-22-2001 90003 009 \*\*\*550.00

Principal Place of Business

341 N MAITLAND AVE  
STE 340  
MAITLAND FL 32751  
US

Mailing Address

PO DRAWER 7540  
MAITLAND FL 32794-540  
US

A0074442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

73 Interlaken Road

Suite, Apt. #, etc.

3. Mailing Address

73 Interlaken Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3463592

Applied For

Not Applicable

Zip  
32804

Country  
USA

Zip  
32804

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TATICH, PHILIP  
341 N MAITLAND AVE  
STE 340  
MAITLAND FL 32751

Name

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

City

FL

Zip Code

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)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | P                  | <input checked="" type="checkbox"/> Delete |
| NAME           | BABIKOV, ALEXANDER |  |
| STREET ADDRESS | 73 INTERLAKEN RD   |  |
| CITY-ST-ZIP    | ORLANDO FL 32804   |  |
| TITLE          | VP                 | <input checked="" type="checkbox"/> Delete |
| NAME           | MARKOV, EUGENE     |  |
| STREET ADDRESS | 73 INTERLAKEN RD   |  |
| CITY-ST-ZIP    | ORLANDO FL 32804   |  |
| TITLE          | DP                 | <input type="checkbox"/> Delete            |
| NAME           | BABIKOV, ALEXANDER |  |
| STREET ADDRESS | 73 INTERLAKEN ROAD |  |
| CITY-ST-ZIP    | ORLANDO FL 32804   |  |
| TITLE          | DV                 | <input type="checkbox"/> Delete            |
| NAME           | MARKOV, EVGUENI    |  |
| STREET ADDRESS | 73 INTERLAKEN ROAD |  |
| CITY-ST-ZIP    | ORLANDO FL 32804   |  |
| 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"/> 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    |  |   |
| 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:

*Philip Tatich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06.18.01 407 481 8827

CR2E034 (10/00)