

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057549

1. Entity Name

B & B HOLDING COMPANY OF FT. LAUDERDALE, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90095 019 ***150.00

Principal Place of Business

Mailing Address

301 W CAMINO GARDENS BLVD
STE 101
BOCA RATON FL 33432
US

301 W CAMINO GARDENS BLVD
101
BOCA RATON FL 33432-5823
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0773783

Applied For

Not Applied

Zip

Country

Zip

Country

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

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33131-1704

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, 2000 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 DC
NAME BERRARD, STEVEN R
STREET ADDRESS 110 SE 6TH ST 28TH FL
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PS
NAME BUTLER, WILLIAM
STREET ADDRESS 716 FLAMINGO DRIVE
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete

TITLE ☐ Change ☐ Additio
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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 OR DIRECTOR

Steven R. Berrard

Date

1/20/2000 (954) 713-1173

Daytime Phone #