## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P97000059492 **DOCUMENT#**

1. Entity Name

BIF INVESTMENTS INCORPORATED



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90140 007 \*\*\*150.00

Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Greek Here IF Making CHANGES    City & State   Country   Zip   Country   5, Certificate of Status Desired   S8,75 Additional    For Propulsor  6. Name and Address of Current Registered Agent   Name   S8,75 Additional    **VALDES-FAULU CORPORATE SERVICES, INC.   The Country   Street Address of New Registered Agent    **VALDES-FAULU CORPORATE SERVICES, INC.   The Country   Street Address of New Registered Agent    **VALDES-FAULU CORPORATE SERVICES, INC.   The Country   Street Address of Po. Box Number is Not Acceptable)    **Street Address (PO. B	Principal Place of Business 704 MARITIME WAY NORTH PALM BEACH FL 33410		Mailing Address P.O. BOX 24818 NEW ORLEANS LA 70184			10003994					
City & State  City & State City & State  City & State City & S	2. Principal F	Place of Business	3. Mailing Address			<b>-</b>	<b>                                      </b>		i	10110 HBH 1001	
Scholar   Scho	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
Exp. Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional Fee Required   S. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   VALDES-FAULI CORPORATE SERVICES, INC.  **TYT'S . FLAGER DRIVE   SUITE 500 FAST   SUI	City & Stat	е	City & State			hh-1/h/1h4					
**CALDES-FAULI CORPORATE SERVICES, INC.**  VALDES-FAULI CORPORATE SERVICES, INC.**  VALDES-FAULI CORPORATE SERVICES, INC.**  VALDES-FAULI CORPORATE SERVICES, INC.**  Street Address (P.O. Box Number is Not Acceptable)  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. I am familiar with and acceptable of the company of the com	Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Addition				Iditional	
VALDES-FAULY CORPORATE' SERVICES, INC. 777 S. FLAGER DRIVE SUITE 500 EAST WEST PALM BEACH FL 33401  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 accelled the celligations of registered agent.  SIGNATURE  SIGNATURE  SUPPOSE STATE STAT		6. Name and Address of Current	l Registered Agent	egistered Agent			<u> </u>				
SIGNATURE  SUMEST PALM BEACH FL 33401  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 accelerate the chilipatons of registered agent.  SIGNATURE  Signature, speed or printed rame of registered agent and fire it applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Friorida. I am familiar with, and accelerate agent, or both, in the State of Florida. I am familiar with, and accelerate agent, or both, in the State of Florida. I am familiar with, and accelerate agent, or both, in the State of Florida. I am familiar with, and accelerate agent, or both, in the State of Florida. I am familiar with, and accelerate agent, or both, in the State of Florida. I am familiar with, and accelerate agent, or both, in the State of Florida. I am familiar with, and accelerate agent, or both, in the State of Florida. I am familiar with, and accelerate agent, or both, in the State of Florida. I am familiar with and accelerate agent, or both, in the State of Florida.  FILE NOW:  FILE NOW:  FILE NOW:  FILE NOW:  FILE N		<u>-</u>		Name							
SUITE 500 EAST WEST PALM BEACH FL 33401  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accellent collegations of registered agent.  SIGNATURE    Signature   Synature poeder printed rame of registered agent and first applicable   (NOTE Registered Agent agranture registered agent, or both, in the State of Florida. I am familiar with, and accellent collegations of registered agent.    FILE NOW!!! FEE IS \$150.00			Street Addre			s (P.O. Box Number is Not Acceptable)					
### City   FL   Zip Code    ##			0.100.1710.10			- C L C.					
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 accelerate to collegations of registered agent and state if applicable.    Signature   Synature	SUITE 500	EAST									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accerding to the obligations of registered agent.    SIGNATURE	WEST PA	LM BEACH FL 33401		City				FI	Zip Coc	de	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	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										
After May 1, 2003 Fee will be \$550.00 May Make Check Payable to Florida Department of State  10.						1					
TITLE ST SCHOTT, CHRISTOPHER SCHOTT, CHRISTOPHER 401 VETERANS BLVD., #102 STREET ADDRESS CITY-ST-ZIP METAIRIE LA 70005 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Afte	May 1, 2003 Fee will be \$550.00	State /50	150.00			. •	~ —			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE BURRUS, DAVID R 401 VETERANS BLVD., #102 METAIRIE LA 70005  TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	10.		DIRECTORS	11.		ADDITIO	ONS/CHANGES TO OFF	ICERS AND D	RECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP METAIRIE LA 70005  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME  MAME  MAME  MAME  MAME  MAME  MAME  MAME  MAME	NAME Street address	SCHOTT, CHRISTOPHER 401 VETERANS BLVD., #102	☐ Delete	NAME STREET A				[	☐ Change	☐ Addition	
NAME	NAME STREET ADDRESS	BURRUS, DAVID R 401 VETERANS BLVD., #102	☐ Delete	name Street a				[	Change	☐ Addition	
STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP	TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME TITLE NAME NAME	STREET ADDRESS			STREET A				<del></del>	<del>-,</del>		
NAME STREET ADDRESS CITY-ST-ZIP CITLE NAME NAME NAME NAME  NAME NAME  NAME  NAME  NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET A				[	_ Change	☐ Addition	
NAME NAME	name Street address		□ Delete	NAME STREET A			, , , , , , , , , , , , , , , , , , , ,	]	_ Change	☐ Addition	
STREET ADDRESS  CITY-ST-ZIP  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	NAME Street address City-St-Zip	earlify that the information pupolical with		NAME Street a City-St-	ZIP	Continu 110.07	7/OVI\ Florida Chand			Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

01-06-03 504-212-1692