

2000 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # PA70000067424

FILED

00 DEC 29 PM 2:30

1. Entity Name
BAM Holdings of Palm Beach County, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3030 SW 13th Place
Boynton Beach, FL
33426**

Mailing Address
**PO Box 812008
Boca Raton, FL
33481-2008**

2. Principal Place of Business
3030 SW 13th Place

3. Mailing Address
**PO Box 812008
Boca Raton, FL
33481-2008**

DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach FL

City & State
Boynton Beach FL

Zip
33426

Country
USA

4. FEI Number
65-0756119

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**Barry A Mazer
864 Enfield St
Boca Raton, FL 33487**

7. Name and Address of New Registered Agent

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 *Barry A. Mazer*

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Barry A. Mazer 864 Enfield St Boca Raton FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another line empowered.

SIGNATURE: *Barry A. Mazer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)

2082

B.A.M. Holdings
of Palm Beach County

October 23, 2000

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

RE: FEI Number 65-0756119

To Whom It May Concern:

We are in receipt of your "Notice of Administrative Dissolution of Revocation". Please be advised that we do not wish to dissolve our corporation.

We did not receive prior notification to file this year. After speaking to Michelle in your office today, I was informed that the first notice was returned to sender. Please waive any additional fees or penalties and accept the enclosed check.

Please contact me with any questions.

Thank you,



Lisa DiCapua
Accounting x 103