2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State
02-20-2000 90059 031 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000083929

1. Entity Name
BAMVOR DISTRIBUTING, INC.

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
702 South U.S. #1	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce, FL	City & State
Zip: 34950 Country: USA	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Keith I. Andersen
8740 US Highway 1
Wabasso, FL 32970

7. Name and Address of New Registered Agent

Name: Keith I. Andersen
Street Address (P.O. Box Number is Not Acceptable): 702 South U.S. #1
City: Fort Pierce **FL** Zip Code: 34950

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]_ DATE 2/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

	Officer 1	Officer 2	Officer 3	Officer 4	Officer 5	Officer 6
TITLE	P/S/T/D	V/D				
NAME	ANDERSEN, Keith I.	KOESTOYO, Bambang				
STREET ADDRESS	702 South U.S. #1	8740 U.S. Highway 1				
CITY-ST-ZIP	Ft. Pierce, FL 34950	Wabasso, FL 32970				
	☐ Delete	☐ Delete	☐ Delete	☐ Delete	☐ Delete	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ 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 all other like empowered.

SIGNATURE: _[signature]_ PRES. 2/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR