

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102192

1. Entity Name

THE BS BUTTON COMPANY, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90045 021 ***150.00

Principal Place of Business

Mailing Address

11427 LAKEVIEW DR
CORAL SPRINGS FL 33071
US

11427 LAKEVIEW DR
CORAL SPRINGS FL 33071-6344
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0804308

Applied For

Not Applicable

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

BIRNHOLZ, HARVEY
301 DUNWOODY LANE
HOLLYWOOD FL 33021

Name

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

City

FL

Zip Code

33071

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	D	<input checked="" type="checkbox"/> Delete
NAME	BIRNHOLZ, HARVEY	
STREET ADDRESS	301 DUNWOODY LANE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	P	<input type="checkbox"/> Delete
NAME	STATMAN, RENAI	
STREET ADDRESS	11421 LAKEVIEW DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	V	<input type="checkbox"/> Delete
NAME	STATMAN, EVAN	
STREET ADDRESS	11421 LAKEVIEW DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Statman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

Date

954-341-2844

Daytime Phone #

CR2E034 (9/99)