


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90213 009 ***150.00

DOCUMENT # P97000103790	
1. Entity Name B.H. SALES, INC.	

Principal Place of Business C/O PAVIA & HARCOURT 600 MADISON AVENUE NEW YORK NY 10022	Mailing Address C/O PAVIA & HARCOURT 600 MADISON AVENUE NEW YORK NY 10022
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 13-3979614	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **George M. Pavia, Secretary** **01/14/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE VP NAME FLORE, GIANLUCA STREET ADDRESS 745 FIFTH AVE CITY-ST-ZIP NEW YORK NY 10151	<input type="checkbox"/> Delete
TITLE D NAME LAUDANNO, EMANUELA STREET ADDRESS 745 FIFTH AVE CITY-ST-ZIP NEW YORK NY 10151	<input type="checkbox"/> Delete
TITLE S NAME PAVIA, GEORGE M. STREET ADDRESS 600 MADISON AVE. - 12TH FL. CITY-ST-ZIP NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE D NAME MURATORE, DELIA STREET ADDRESS 745 FIFTH AVENUE CITY-ST-ZIP NEW YORK NY 10151	<input type="checkbox"/> Delete
TITLE P NAME RAMANGHI, VANNI STREET ADDRESS 745 5TH AVE. CITY-ST-ZIP NEW YORK NY 10151	<input type="checkbox"/> Delete
TITLE D NAME PASI, STEFANE STREET ADDRESS 745 5TH AVE. CITY-ST-ZIP NEW YORK NY 10151	<input type="checkbox"/> Delete

11. 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
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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

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

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #