

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008808

1. Entity Name

B & T PROMOTIONS, CORP.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90355 027 \*\*\*150.00

Principal Place of Business

5277 CEDAR LAKE RD  
7-12  
BOYNTON BEACH FL 33437  
US

Mailing Address

5277 CEDAR LAKE RD  
7-12  
BOYNTON BEACH FL 33437  
US

2. Principal Place of Business

3. Mailing Address

520 J. F. Farnson Dr. Unit 107

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

Zip

33442

Country

USA

4. FEI Number

65-0808508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWNE, RONALD  
5277 CEDAR LAKE RD  
APT 7-12  
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name Browne, Ronald

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

520 J. F. Farnson Dr. Unit 107

Deerfield Beach

City

FL

Zip Code

33442

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, 2001 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	PTD	<input type="checkbox"/> Delete
NAME	BROWNE, RONALD	
STREET ADDRESS	5277 CEDAR LAKE RD APT 7-12	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWNE, RICARDO	
STREET ADDRESS	5277 CEDAR LAKE RD APT 7-12	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BROWNE, MELODY	
STREET ADDRESS	5277 CEDAR LAKE RD APT 7-12	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Browne, Ronald	
STREET ADDRESS	520 J. F. Farnson Dr. Unit 107	
CITY-ST-ZIP	Deerfield Beach FL 33442	
TITLE	VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Browne, Ricardo	
STREET ADDRESS	520 J. F. Farnson Dr. Unit 107	
CITY-ST-ZIP	Deerfield Beach FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)