

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90188 010 ***160.00

DOCUMENT # **P9800004084**
 1. Entity Name
BBD Sales Manufactures Rep Inc

Principal Place of Business Mailing Address
2750 N.W. 105 Lk Sunrise FL 33322 **2750 N.W. 105 Lk Sunrise FL 33322**

2. Principal Place of Business 3. Mailing Address
2750 N.W. 105 Lk **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sunrise FL **Same**
 Zip Country Zip Country
33322 **Same**

4. FEI Number **65-0831778** Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
William Jeffrey
2750 N.W. 105 Lk
Sunrise FL 33322

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 **Jeffrey** DATE **5/8/00**
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
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
President
Jeffrey P Klein
2750 N.W. 105 Lk
Sunrise FL 33322

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE: **Jeffrey P Klein** DATE **5/8/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)