

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053254

1. Entity Name
B & M COMPUTER SYSTEMS, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90011 018 ***550.00

Principal Place of Business
7 ORANGE DRIVE
KEY LARGO FL 33037

Mailing Address
7 ORANGE DRIVE
KEY LARGO FL 33037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
978 GORHAM RD. PABOX 736

3. Mailing Address
PABOX 736

Suite, Apt. #, etc.
Apt # 1

Suite, Apt. #, etc.

City & State
Key Largo Fla.

City & State
Key Largo Fl.

4. FEI Number 65-0844524

Applied For
Not Applicable

Zip
33037

Country
USA

Zip
33037

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOBKIN, JOSEPH M
9990 SW 77TH AVE, PH 3
MIAMI FL 33156-2699

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MOHAMED, BRUCE
7 ORANGE DRIVE
KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MOHAMED, MARY B
7 ORANGE DRIVE
KEY LARGO FL 33037 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ 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 REQUIRED

9/11/00

305 457-3385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)