02/27/01 15:08 ☎813 447 8587 ABC DENTAL LAB 2/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
02-15-2001 90003 026 ***158.75

64682

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000055824

1. Entity Name
B W IMPORT EXPORT, INC.

Principal Place of Business	Mailing Address
1208-B BELLEAIR ROAD CLEARWATER FL 33756 US	1208-B BELLEAIR ROAD CLEARWATER FL 33756 US

2. Principal Place of Business	3. Mailing Address
1208 BELLEAIR RD	
Suite, Apt. #, etc.: CLEARWATER, FL	Suite, Apt. #, etc.: 1208 BELLEAIR RD
City & State	City & State: CLEARWATER, FL.
Zip: 33756 Country: U-S-A	Zip: 33756 Country: U-S-A

4. FEI Number 59-3517233 ☐ Applied For ☐ Not Applicable

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
BAKER, MOHAMMED 1208-B BELLEAIR ROAD CLEARWATER FL 33756	Name: GRIFFIN, DAVID W PA Street Address (P.O. Box Number is Not Acceptable): 565 SOUTH DUNCAN AVE. City: CLEARWATER FL Zip Code 33756

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] 2-27-2001
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, MOHAMMED 1208-B BELLEAIR ROAD CLEARWATER FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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] 02/12/2001 (727) 461-4523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #