

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90161 040 ***158.75

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DOCUMENT # P98000055824

1. Entity Name
B W IMPORT EXPORT, INC.

Principal Place of Business
1208 BELLEAIR RD
CLEARWATER FL 33756
US

Mailing Address
1208 BELLEAIR ROAD
CLEARWATER FL 33756
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1208 BELLEAIR RD

Suite, Apt. #, etc.
CLEARWATER, FL

City & State
FLORIDA

Zip
33756

Country
U-S

3. Mailing Address
1208 BELLEAIR RD

Suite, Apt. #, etc.
CLEARWATER

City & State
FLORIDA

Zip
33756

Country
US

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

GRIFFIN, DAVID W PA
565 SOUTH DUNCAN AVENUE
CLEARWATER FL 33756

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 _____ (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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D BAKER, MOHAMMED	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 1208-B BELLEAIR ROAD	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP CLEARWATER FL 33756	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>

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 fee empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02 (727)446-3368
 Date Daytime Phone #

CR2E034 (9/01)