

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90161 040 ***158.75

04/30/02 AV

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

3. Mailing Address

1208 BELLEAIR RD

Suite, Apt. #, etc.

CLEARWATER, FL

Suite, Apt. #, etc.

CLEARWATER

City & State

FLORIDA

City & State

FLORIDA

Zip

33756

Country

U-S

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

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, 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

TITLE **D** ☐ Delete
 NAME **BAKER, MOHAMMED**
 STREET ADDRESS **1208-B BELLEAIR ROAD**
 CITY-ST-ZIP **CLEARWATER FL 33756**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02

Date

(727) 446-3368

Daytime Phone #

CR2E034 (9/01)