

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070601

1. Entity Name  
BAY AREA PRECIOUS METAL RECOVERY, INC.

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90061 009 \*\*\*150.00

Principal Place of Business  
140 ISLAND WAY  
#123  
CLEARWATER FL 33767  
US

Mailing Address  
140 ISLAND WAY  
#123  
CLEARWATER FL 33767  
US

2. Principal Place of Business  
140 ISLAND WAY  
Suite, Apt. #, etc.  
# 123

3. Mailing Address  
140 ISLAND WAY  
Suite, Apt. #, etc.  
# 123

City & State  
CLEARWATER, FL  
Zip  
33767  
Country  
U.S.A.

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CLEARWATER, FL  
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33767  
Country  
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4. FEI Number 59-3530424

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SZIRMAI, MIKLOS  
20505 U.S. HWY 19 NO. #12-222  
CLEARWATER FL FL337-64

## 7. Name and Address of New Registered Agent

Name  
MIKLOS SZIRMAI  
Street Address (P.O. Box Number is Not Accepted)  
140 ISLAND WAY, # 123  
City  
CLEARWATER FL Zip Code  
33767

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]* president (MIKLOS SZIRMAI, PRESIDENT) 3/13/01  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SZIRMAI, MIKLOS 20505 U.S. 19 HWY NO. #12-222 CLEARWATER FL 33764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SZIRMAI, CYNTHIA 20505 U.S. 19 HWY NO. #12-222 CLEARWATER FL 33764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* president (MIKLOS SZIRMAI, PRESIDENT) 3/13/01 727/424-3493  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)