

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90064 021 \*\*\*150.00

0400275 AV

**DOCUMENT # P98000070601**

1. Entity Name

**BAY AREA PRECIOUS METAL RECOVERY, INC.**

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**

City & State

**CLEARWATER, FL**

**Zip 33767 Country U.S.A. Zip 33767 Country U.S.A.**

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  
140 ISLAND WAY #123  
CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

**Name MIKLOS SZIRMAI  
Street Address (P.O. Box Number is Not Acceptable)  
224 WINDWARD ISLAND  
City CLEARWATER FL 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]* **prec. (MIKLOS SZIRMAI, PRESIDENT) 4/1/02**  
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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SZIRMAI, MIKLOS</b>	
STREET ADDRESS	<b>20505 U.S. 19 HWY NO. #12-222</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>SZIRMAI, CYNTHIA</b>	
STREET ADDRESS	<b>20505 U.S. 19 HWY NO. #12-222</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SZIRMAI, MIKLOS</b>	
STREET ADDRESS	<b>224 WINDWARD ISLAND</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 33767</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SZIRMAI, CYNTHIA</b>	
STREET ADDRESS	<b>224 WINDWARD ISLAND</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 33767</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(MIKLOS SZIRMAI)  
PRESIDENT 4/1/02 727/424-3493**

CR2E034 (9/01)