

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081526

1. Entity Name

BND INVESTMENTS, INC.

Principal Place of Business

1610 ISLAND WAY  
WESTON FL 33326

Mailing Address

1610 ISLAND WAY  
WESTON FL 33326-3624

2. Principal Place of Business

2489 PROVENCE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

2489 PROVENCE CIRCLE

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

WESTON FL

Zip

33327

Country

Zip

33327

Country

4. FEI Number

65-0881569

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, BASIL S  
1610 ISLAND WAY  
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

BASIL S. WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)

2489 PROVENCE CIRCLE

City

WESTON

FL

Zip Code

33327

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

*Basil Williams*

1/13/2000

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, 2000 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	PSTD	<input type="checkbox"/> Delete
NAME	WILLIAMS, BASIL S	
STREET ADDRESS	1610 ISLAND WAY	
CITY-ST-ZIP	WESTON FL 33326	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BASIL S	
STREET ADDRESS	2489 PROVENCE CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONI R WILLIAMS	
STREET ADDRESS	729 TANGLEWOOD CIRCLE	
CITY-ST-ZIP	WESTON, FL 33327	
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:

*Basil Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2000

Date

954/384-6105

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90146 015 \*\*\*158.75