

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096372

1. Entity Name

B P AND-ASSOCIATES OF MIAMI, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90988 022 ***158.75

Principal Place of Business

11337 W FLAGLER ST
 MIAMI FL 33174

Mailing Address

11337 W FLAGLER ST
 MIAMI FL 33174-1336

2. Principal Place of Business

512 SW 109 Avenue

Suite, Apt. #, etc.

3. Mailing Address

512 SW 109 Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Fla

City & State

Miami, Fla

4. FEI Number

65-0875496

Applied For

Not Applicable

Zip

33174

Country

None

Zip

33174

Country

None

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADRON, BARBARA
 11930 SW 3 ST
 MIAMI FL 33184

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	PADRON, BARBARA	
STREET ADDRESS	11930 SW 3 ST.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	CHRM	<input type="checkbox"/> Delete
NAME	PADRON, BARBARA	
STREET ADDRESS	11930 SW 3 ST.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PADRON, BARBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADRON, BARBARA	
STREET ADDRESS	11930 SW 3 ST.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

1/3/00

Date

305-220-0130

Daytime Phone #

CR2E034 (9/99)