

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90105 010 ***150.00

DOCUMENT # P99000024913

1. Entity Name
BM FINANCIAL SERVICES, INC.

Principal Place of Business
437 GOLDEN ISLES DR. SUITE 11B
HALLANDALE FL 33009

Mailing Address
437 GOLDEN ISLES DR. SUITE 11B
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

P.O. Box 85005

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hallandale, FL

4. FEI Number **65-0904067**

Applied For
 Not Applicable

Zip

Country

Zip
33008

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVANOVSKI, MAGDALENA
437 GOLDEN ISLES DR, SUITE 11B
HALLANDALE FL 33009

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MAGDALENA, IVANOVSKI**
STREET ADDRESS **437 GOLDEN ISLES DR STE 11B**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **P** ☒ Change ☐ Addition
NAME **Magdalena, Ivanovski**
STREET ADDRESS **P.O. Box 85005**
CITY-ST-ZIP **Hallandale, FL 33008**

TITLE **V** ☐ Delete
NAME **IVANOVSKI, BOJIDAR**
STREET ADDRESS **437 GOLDEN ISLES DR STE 11B**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **V** ☒ Change ☐ Addition
NAME **Ivanovski, Bojidar**
STREET ADDRESS **P.O. Box 85005**
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: *Magdalena Ivanovski*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-02 954-4548250

Date

Daytime Phone #

CR2E034 (9/01)