

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060835

1. Entity Name

BPS INDUSTRIES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90085 050 ***150.00

Principal Place of Business

Mailing Address

11641 S.W. 10TH STREET
FORT LAUDERDALE FL 33325

11641 S.W. 10TH STREET
FORT LAUDERDALE FL 33325-3901

New Address

2. Principal Place of Business

5616 NW 61 STREET

3. Mailing Address

(Same) 5600 NW 61ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1101

1101

City & State

City & State

COCONUT CREEK

COCONUT CREEK

Zip

Country

Zip

Country

33073

BROWARD

33073

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, BRIAN
11641 S.W. 10TH STREET
FORT LAUDERDALE FL 33325

Name

BRIAN SULLIVAN (New Address)

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

5616 NW 61ST Suite 1101

City

COCONUT CREEK

FL

Zip Code

33073

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

4/24/00

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS 11641 S.W. 10TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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

4/24/00 (954) 425-8776

Date

Daytime Phone #

CR2E034 (9/99)