2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067950

1. Entity Name

STREET ADDRESS

changed, or on an attaching

SIGNATURE:

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NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

B AND F CONNECTION, INCORPORATED

Principal Place of Business Mailing Address 4726 S ORANGE BLOSSOM TR 4726 ORANGE BLOSSOM TR ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3600786 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBINSON, IHSAN Street Address (P.O. Box Number is Not Acceptable) 4726 S ORANGE BLOSSOM TR ORLANDO FL 32809 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE TITLE ☐ Change ☐ Delete ROBINSON, IHSAN NAME NAME STREET ADDRESS 4726 S ORANGE BLOSSOM TR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME 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

FILED Jul 11, 2002 8:00 am Secretary of State

07-11-2002 90253 048 ***150 00

all ment 07-03-02 \$1990006495c BEF CONNECTION, inc 4726 South O. Bot Irlando FL32B4 Dear Societary of State I have not recieved the 2002 UBR, Com you accept my payment of \$15000 Instract only for this time, please + Leuceuly; Iban Robinson

Ihsan Robinson



Ph: (407) 851-5051 Fax: (407) 851-5052 Cell: (321) 947-0697

4726 S. Orange Blossom Tr. Orlando, FL 32839