

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90150-038-\$550.00-\$550.00

DOCUMENT # P99000087314

1. Entity Name
BING DADELAND CORPORATION

Principal Place of Business
7223 S.W. 88TH STREET, ROOM 3060
DADELAND MALL
MIAMI FL 33156

Mailing Address
7223 S.W. 88TH STREET, ROOM 3060
DADELAND MALL
MIAMI FL 33156

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 565999
Suite, Apt. #, etc.

City & State
MIAMI FL ?

Zip
33250

Country
USA

4. FEI Number
65-0959863

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BING HOLDING CORP.
9501 S.W. 94TH COURT
MIAMI FL 33176**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 President / Sec. PRES.	<input type="checkbox"/> Delete
NAME Rick Cohen	
STREET ADDRESS 9501 SW 94th	
CITY-ST-ZIP MIAMI FL 33176	
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	<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
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STREET ADDRESS	
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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: _____ **REQUIRED** **9/7/00 (305) 596-2498**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

FILED
00 OCT -2 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2F034 (5/00)