

2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P99000087314

1. Entity Name

BING DAELAND CORPORATION

Principal Place of Business

7223 S.W. 88TH STREET, ROOM 3060
DAELAND MALL
MIAMI FL 33156

Mailing Address

7223 S.W. 88TH STREET, ROOM 3060
DAELAND MALL
MIAMI FL 33156

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL 7

4. FEI Number

65-0959863

Applied For

Not Applicable

Zip

Country

Zip

33250

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

BING HOLDING CORP.
9501 S.W. 94TH COURT
MIAMI FL 33176

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *President / Sec. PRES.* ☐ Delete
NAME *rick cullen*
STREET ADDRESS *9501 SW 94th*
CITY-ST-ZIP *MIAMI FL 33176*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00 (305) 596-2498

Date

Daytime Phone #

CR2F034 (5/00)