

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90081 022 ***150.00

1103232002 001

DOCUMENT # P990000096882

1. Entity Name
3 B C SERVICES, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 2155~~
~~MIAMI FL 33012~~

~~P.O. BOX 2155~~
~~MIAMI FL 33012~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2440 W 80 ST

2440 W 80 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 6

Bay 6

City & State
MIAMI

City & State
MIAMI

Zip
33016

Country
DADE

Zip
33016

Country
DADE

4. FEI Number
65-0965511

Applied For
☐ Not Applicable

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

~~Perez, Andre~~
~~955 WEST 72ND STREET~~
~~MIAMI FL 33014~~

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

2440 W 80 ST Bay 6
 City **MIAMI** FL Zip Code **33016**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
 NAME ~~Perez, Andre~~
 STREET ADDRESS ~~955 WEST 72ND STREET~~
 CITY-ST-ZIP ~~MIAMI FL 33014~~

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

TITLE **PSTD** ☐ Delete
 NAME **ANDREW PEREZ**
 STREET ADDRESS **880 E 26 ST**
 CITY-ST-ZIP **MIAMI 33013**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **Andrew Perez**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 (305) 970-9944
 Date Daytime Phone #

CR2E034 (9/01)