

# 2000 UNIFORM BUSINESS REPORT (UBR)

pg 1 of 2

DOCUMENT # 990000102070

1. Entity Name

B.S.M. Enterprises, Inc

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT -1 PM 3:03

Principal Place of Business

Mailing Address

311 Bishop Rd  
North LAUDERDALE FL 33067

2. Principal Place of Business

3. Mailing Address

311 Bishop Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Lauderdale FL

4. FEI Number

65-0962106

Applied For

Not Applicable

Zip

Country

Zip

Country

33067

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Barbara D. Bryant  
311 Bishop Rd.  
N. Lauderdale FL 33068

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

Barbara Bryant

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, 2000 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 NAME ☐ Delete  
Bryant, Barbara D.  
STREET ADDRESS 311 Bishop Rd  
CITY-ST-ZIP North Lauderdale FL 33068

TITLE NAME ☐ Change ☐ Addition  
800004627378-7  
STREET ADDRESS -10/08/01--01079--008  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE NAME ☐ Delete  
Bryant Shigan  
STREET ADDRESS 311 Bishop Rd  
CITY-ST-ZIP North Lauderdale FL 33068

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
Smith Monica  
STREET ADDRESS 311 Bishop Rd  
CITY-ST-ZIP North Lauderdale FL 33068

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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.

Barbara Bryant

10/11/01 3:13 PM

pg 29/2

September 27, 2001

Dear Sir/Madam:

My name is Barbara Bryant, owner of BSM Enterprises, Inc. The reason of writing you is inform you that I never received a form for year 2001. My accountant told me about this obligation.

Please accept my apologizes.

Sincerely,

  
Barbara Bryant