

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S01900**

1. Entity Name

B. M. & R. R. CORPORATION

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90057 036 ***550.00

Principal Place of Business

RT. BOX 3950
QUINCY FL 32351
US

Mailing Address

75 SPOONER RD
QUINCY FL 32351
US

2. Principal Place of Business

75 SPOONER RD, QUINCY

Suite, Apt. #, etc.

3. Mailing Address

75 SPOONER RD, QUINCY, FL

Suite, Apt. #, etc.

City & State

QUINCY, FL

City & State

QUINCY, FL

4. FEI Number

59-3059470

Applied For

Not Applicable

Zip

32351

Country

USA

Zip

32351

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, BHASKER P
1593 MAIN ST
CHIPLEY FL 32428

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

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 12, 2001 Fee 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 **P** ☐ Delete
NAME **PATEL, BHASKER P**
STREET ADDRESS **RT. 4, BOX 355**
CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **VPS** ☐ Delete
NAME **PATEL, MEENA B**
STREET ADDRESS **RT. 4, BOX 355**
CITY-ST-ZIP **CHIPLEY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **OFFICER** ☐ Change ☒ Addition
NAME **VASANT PATEL**
STREET ADDRESS **75 SPOONER RD.**
CITY-ST-ZIP **QUINCY, FL 32351**

TITLE **OFFICER** ☐ Change ☒ Addition
NAME **LISHA PATEL**
STREET ADDRESS **75 SPOONER RD**
CITY-ST-ZIP **QUINCY, FL 32351**

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

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

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

TITLE ☐ Change ☐ 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: 

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/01

180/875-2500