


FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90001 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S61925

1. Corporation Name
S.R. BANG, INCORPORATED

Principal Place of Business
 12360 SW 132 CT
 SUITE 211-B
 MIAMI FL 33186
 US

Mailing Address
 12360 SW 132ND CT
 SUITE 211-B
 MIAMI FL 33186
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1991

4. FEI Number

65-0269601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BHAGWANDAT, RICHARD
19369 SW 118TH PLACE
MIAMI FL 33177

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME **BHAGWANDAT, RICHARD**STREET ADDRESS **9029 SW 157 CT**CITY-ST-ZIP **MIAMI FL 33196**TITLE ☐ DELETENAME **BHAGWANDAT, VELMA**STREET ADDRESS **19369 SW 118TH PLACE**CITY-ST-ZIP **MIAMI FL**TITLE ☐ DELETENAME **BHAGWANDAT, ALLISON**STREET ADDRESS **9029 SW 157 CT**CITY-ST-ZIP **MIAMI FL 33196**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED RICHARD BHAGWANDAT

9/8/99

305252-9474

Date

Daytime Phone #

CR2E034 (1/98)

~~14000055~~
~~1115168~~
~~561925~~

S. R. Bang, Inc.
D/B/A SR Technology
12360 S.W. 132 ct Suite 211
Miami Florida 33186
Voice 305 252-9474 Fax 305 254-4010

561925
611362-90004-14

August 24, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Request for Waiver of late fees.

Dear Sir or Madam:

I am writing this letter respectfully seeking your assistance in waving the late fees for the three companies World Box Inc, S.R. Bang Inc & Consumer Information Services Network.

The problem of the Annual Reports Documents not being sent in on time was due in part to an on going problem we have had with the Post Office for the past couple years. We had our offices at 12350 S.W. 132 CT #211 and we moved TO 12360 S.W. 132 CT #211, since then we have had some of our mail placed in the wrong box. That office has been vacant at times with new tenants rotating in and out which has caused a problem in collecting the misplaced mail.

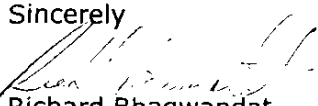
We received our annual report documents one week before we had sent them in, which of course was late. I personally did not realize that this payment was to be sent in with or without the attached document or I would have done so. I now understand that the responsibility ultimately lies with me, as explained by Kathy in your re-instatement department.

Believe me when I say that I would not have sat on these just to pay the extra \$400 per company (funds that we desperately need at this time). In the computer industry us small businesses are having a difficult time staying afloat, we may even at the end of this Year close one of the three companies. We currently share our resources to stay in business, and keep the few employees we have:

If we pay the extra \$1200.00 dollars, this will definitely affect us financially for the rest of the year. I really feel terrible that my mistake may affect others financially. To some it may not seem like a lot but for us every penny counts. To be honest we really do not have it. I do apologize for my error and ask for your help one last time, and I can assure you that this will not occur again any time in the future.

In advance Thank You for your help in this matter, please feel free to contact me directly at 305-252-9474

Sincerely


Richard Bhagwandat
President

UNIFORM COMMERCIAL CODE

State of Florida
STATEMENT OF CHANGE

FORM UCC-3 (REV.1993)

This Statement of Change is presented to a filing officer pursuant to the Uniform Commercial Code:

1. Debtor (Last Name First if an individual) BENNETT, DOROTHY PEARL		1a. Date of Birth or FEI#
1b. Mailing Address 7100 S.W. 71st Court	1c. City, State Miami, Florida	1d. Zip Code 33143
2. Additional Debtor or Trade Name (Last Name First if an individual)		2a. Date of Birth or FEI#
2b. Mailing Address	2c. City, State	2d. Zip Code
3. Secured Party (Last Name First if an individual) CONTINENTAL NATIONAL BANK OF MIAMI		
3a. Mailing Address 1801 S.W. 1st Street	3b. City, State Miami, Florida	3c. Zip Code 33135
4. Additional Secured Party (Last Name First if an individual)		
4a. Mailing Address	4b. City, State	4c. Zip Code

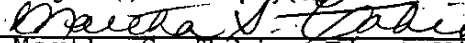
5. This Statement refers to original Financing Statement bearing file number: 980000159240 filed on July 17, 1998

6. A. ☐ Continuation - The original Financing Statement between the Debtor and Secured Party bearing the file number shown above is continued.
B. ☐ Release - The Secured Party releases the collateral described in Block 7 below from the Financing Statement bearing the file number shown above. **RELEASE DOES NOT TERMINATE LIEN AGAINST A DEBTOR.**
C. ☐ Full Assignment - All of the Secured Party's rights under the Financing Statement have been assigned to the assignee whose name and address is shown in Block 7 below.
D. ☐ Partial Assignment - Some of Secured Party's rights under the Financing Statement have been assigned to the assignee whose name and address is shown in Block 7. A description of the collateral subject to the assignment is also shown in Block 7.
E. ☐ Amendment - The Financing Statement bearing the file number shown above is amended as set forth in Block 7. (See instructions for signature requirements)
F. ☒ Termination - The Secured Party no longer claims an interest under the Financing Statement bearing the file number shown above.
G. ☐ Other -

7. Description of collateral released or assigned, Assignee name and address, or amendment. Use additional sheet(s) if necessary.

8. Signature(s) of Debtor(s): (only if amendment - see instructions)

9. Signature(s) of Secured party (ies)


Martha S. Tabio, First Vice President

10. Number of Additional Sheets Presented

11. Return Copy to:

Name	Zory Martinez
Address	Continental National Bank
Address	1801 S.W. 1st Street
City, State, Zip	Miami, Florida 33135

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