## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

## May 10, 2000 8:00 am Secretary of State DOCUMENT # **S61925** S.R. BANG, INCORPORATED 05-10-2000 90093 017 \*\*\*150.00 Principal Place of Business Mailing Address 12360 SW 132ND CT 12360 SW 132 CT SUITE 211-B SUTIE 211-B MIAMI FL 33186 MIAMI FL 33186-6463 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0269601 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BHAGHANDAT BHAGWANDAT, RICHARD Street Address (P.O. Box Number is Not Acceptable) 19369 SW 118TH PLACE MIAMI FL 33177 9029 S.W. 157 ct Zip Code 33196 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 (NOTE: Registered Agent signature required when reinstating) onlicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE BHAGWANDAT, RICHARD NAME 9029 SW 157 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33196** Change ☐ Addition Delete TITLE BHAGWANDAT, ALLISON TITLE BHAGWANDAT, VELMA NAME NAME 9029. S.W. 157 CT STREET ADDRESS 19369 SW 118TH PLACE STREET ADDRESS CITY-ST-ZIP M.Ami CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TILE. TITLE BHAGWANDAT, ALLISON NAME 118 TH PLACE STREET ADDRESS 9029 SW 157 CT STREET ADDRESS 19639 33157 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33196** MIAMI ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 sustee 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.