2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$93821

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

BUSINESS AUTOMATION CONSULTANTS, INC.

Principal Place of Business 14750 NW 77TH CT #110 MIAMI LAKES FL 33016			Mailing Address												
			14750 NW 77TH CT #110 MIAMI LAKES FL 33016-1507												
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2. Principal P	Place of Business	3. Mailing Address													
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc. City & State					DO NOT WRITE IN THIS SPACE							
							_	4. FEI Number 65-0296821					Applied For Not Applicable		
Zip	Countr	Zip Cou			ntry 5.								3.75 Additional e Required		
	6. Name and Add	ress of Current	Registere	d Agent				7. N	ame and A	ddress	of New	Regist	ered Aç	gent	
			-			Name	$\overline{\Omega}$	a				-			
PERI	ez, teresa				Street Addre	ss (P.		x Number	is Not A	cceptat	ole)				
	6 SW 26TH CT					ļ _									
MIRA	MAR FL 33029														
	U				City							FL	Zip Cod	le	
P The above	e named entity submits	the etalementic	r the ouro	ose of changing its	registere	ed office or real	istere	d age	ent, or both	in the S	State of I	Florida.		J	 .
6. THE above	s harried entry submits		niio pain	a	, 10g.0to.	ou omoo or rog.		a aga							
SIGNATURE .			\ '	,											
JIGINATORE .	Signature, typed or printed na	me of registered agent	ant title if app	licable. (NOT	E: Registere	d Agent signature req	quired w	vhen rei	nstating)				DATE		
9. This corpo	oration is eligible to sat	isfy its Intangible		FILE NOW	!!! FEE	IS \$150.00			10. Elect	tion Car	nnaion l	Financio	na	\$5.0	10 May Be
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2000 Fee Make Check Payable to De								Contribut		" 🗆		to Fees
						spartment of	State	- 1	DITIONS	LIANOF	0.70.0	FEIOED	C AND I	DIDECTOR	C INI 11
11.	CEO	OFFICERS AND	DIRECTO	Delete	12.			ADI	DITIONS/C	HANGE	3 100	FFICER		□ Change	Addition
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STREET ADDRESS					STRE	ET ADDRESS									

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing poes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90087 047 ***150.00

Daytime Phone #