2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V09728 1. Entity Name BISING GROUP, INC.							FILED 00 AUG 21 AM 9: 43 SECRETIARY OF STATE. TAGLAMASSEE, FLORIDA					
Principal Place of Business 13205 US HWY ONE SUITE 530 JUNO BEACH FL 33408 US			Mailing Address 13205 U.S. HWY ONE SUITE 530 JUNO BEACH FL 33408 US								DIF GARALLARI	
2. Principal Pl		ess	3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	9		City & State			4.	FEI Number 65-03 15929 Applied For Not Applicable					
Zip		Country Zip Cou		Coun	try	5. Certificate of Status Desired				itional		
	6. Name	and Address of Current Re	egistered Agent				Name and Ad	dress of New F	tegistered A	gent .		
1320 SUF	NG, SHAW 05 U.S. HV TE 530	Y 1			Street Address (P.O. Box Number is Not Acceptable)							
JUN	IO BEACH	FL 33408			City	FL Zip Code				9		
SIGNATURE _	SE	y submits this statement for the submits this statement for the submits this statement for the submits			ed office or re			the State of Flo	orida.	70		
Tax filing re	_	ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750 Make Check Payable to Department of State				•	n Campaign Fir iund Contributio			0 May Be to Fees	
11. OFFICERS AND					ΑĮ	DDITIONS/CH	ANGES TO OFF	ICERS AND				
NAME STREET ADDRESS CITY-ST-ZIP		Shawn I .s. Hwy One, #530 Fach Fl	☐ Delete	L] Delete TITLE NAME STREI CITY-						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete		I .					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA STI			• • • • • • • • • • • • • • • • • • • •			-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		٠,	☐ Delete		E Ì	iseli	Loly	9061	2 02	□ Change	Addition SON	

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:

SIGNATURE AND TYPED OF BOTH HAME OF SCHOOL OFFICER OR DISCOVER.

8/21/00

800-K21-7550



management placement and consulting August 21, 2000

Florida Department of State Division of Corporations Annual Reports Section P.O. Box 6327 Tallahassee, FL 32314

ATTN: Tyrone

Dear Tyrone:

Thank you for your help this morning on the phone. I apologize for the delay in writing this formal request however, due to illness and hospitalization I was unable to file our Uniform Business Report by the May 1st deadline. However, a check for \$150.00 (# 1950) was sent a few weeks later and has since cleared. I am requesting that the \$400.00 late fee be waived for the above mentioned reasons.

As our records clearly indicate, Bising Group, Inc. has <u>never</u> missed nor been late submitting payment for the Uniform Business Report (a.k.a. Annual Report). This was a first and last occurrence I assure you. Your understanding is greatly appreciated.

Sincerely,

Shawn I. Bising

President

Encl.

A control of the property of the control of the contr