

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V24341

1. Entity Name

BACH HOLDINGS, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90004 006 ***550.00

Principal Place of Business

4959 COCONUT CREEK PKWY
COCONUT CREEK FL 33063

Mailing Address

4959 COCONUT CREEK PKWY
COCONUT CREEK FL 33063

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

21373 Shannon Ridge Way

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33428

Country

USA

4. FEI Number

65-0316825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BACH, MICHAEL E.
4959 COCONUT CREEK PKWY
COCONUT CREEK FL 33063

7. Name and Address of New Registered Agent

Name: Bach, Michael E.
Street Address (P.O. Box Number is Not Acceptable):
21373 Shannon Ridge Way
City: Boca Raton FL Zip Code: 33428

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

7/21/00

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 13, 2000 Min. 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: **BACH, MICHAEL E.**
STREET ADDRESS: **21373 SHANNON RIDGE WAY**
CITY-ST-ZIP: **BOCA RATON FL 33428**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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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:

SIGNATURE REQUIRED Michael Bach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres.

7/21/00

Date

Daytime Phone #

561-883-7730