

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

0075046 AV

DOCUMENT # V24341

1. Entity Name
BACH HOLDINGS, INC.

Principal Place of Business
4959 COCONUT CREEK PKWY
COCONUT CREEK FL 33063

Mailing Address
21373 SHANNON RIDGE WAY
BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7719 Doubleton Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

4. FEI Number **65-0316825**

Applied For

Not Applicable

Zip

Country

33446

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACH, MICHAEL E.
21373 SHANNON RIDGE WAY
BOCA RATON FL 33428

Name **Bach, Michael E.**

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

7719 Doubleton Drive

City **Delray Beach**

FL

Zip Code **33446**

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]

Michael Bach Pres

7/30/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BACH, MICHAEL E.**
STREET ADDRESS **21373 SHANNON RIDGE WAY**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **P** ☒ Change ☐ Addition
NAME **BACH, Michael E.**
STREET ADDRESS **7719 Doubleton Drive**
CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 information empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Bach 7/30/01 561-702-7730

CR2E034 (5/01)