## **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 02, 2002 8:00 am Secretary of State 04-02-2002 90948 008 \*\*\*150.00

DOCU 1. Entity Nam	MENT# VO72 BAMDEK,INC	130 L	_		04-02-2002 90948 008 130.00
DO NOT WRITE IN THIS SPACE				B0057093	
3. Principal Place of Business. PKRI #4-215  Suite, Apt. #, etc.  Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE
BOCG.	v & State City & State				4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired
				Name	7. Name and Address of Current Registered Agent
DO NOT WRITE  IN THIS SPACE  Street Address				(P.O. Box Number is Not Acceptable)	
	IN THIS SP	ACE		Chu	<b>□</b> Zip Code
+8 The above	a parmed entity submits this statement for	the purpose of changing its	radistare	City	FL Zip Code ered 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)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25  Trust Fund Contribution.					
(See criter	ria on back)   OFFICERS AND I	Make Check Payab			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Dwerk	brk Rd.#4-200 3439	21114.	* *	ENSAR (1978)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stadys Ramos Buto W. Palmetto Restranta 334	fork Rd. #4-23	NAME STREET		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			4.	بهوناء المشر تدويرا مثان	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	· •	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· [:	
TITLE NAME STREET ADDRESS CITY-57-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 trustfe empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.					