

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000568

APPROVED AND FILED

1. Entity Name

BC2 ENTERPRISES, LTD

00 APR -3 AM 11:47

Principal Place of Business

2005 PAN AM CIRCLE  
TAMPA FL 33607

Mailing Address

2005 PAN AM CIRCLE  
TAMPA FL 33607

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4/13*

2. Principal Place of Business

5020 GUNN HWY  
STE 240

3. Mailing Address

5020 GUNN HWY  
STE 240

DO NOT WRITE IN THIS SPACE

City & State

TAMPA

City & State

TAMPA

4. FEI Number

59-3494551

Applied For

Not Applicable

Zip

33624-6370

Country

USA

Zip

33624-6370

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CUNILL, BUENAVENTURA C.  
2005 PAN AM CIRCLE  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name  
CUNILL, BUENAVENTURA  
Street Address (P.O. Box Number is Not Acceptable)  
5020 GUNN HWY  
STE 240  
City  
TAMPA FL Zip Code  
33624-6370

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

9. Capital Contributions as Shown on record. 1,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000018254  
NAME BC2 MANAGEMENT, INC  
STREET ADDRESS 2005 PAN AM CIRCLE  
CITY-ST-ZIP TAMPA FL 33607

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5020 GUNN HWY, STE 240  
CITY-ST-ZIP TAMPA FL 33624-6370

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

B. CUNILL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/30/00 813/269-2274  
Date Daytime Phone #

CR2E003 (9/99)