

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013439 AT

DOCUMENT # **A98000000568**

1. Entity Name
BC2 ENTERPRISES, LTD.

02 MAR 12 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5020 GUNN HWY., STE. 240 TAMPA FL 33624-6370	Mailing Address 5020 GUNN HWY., STE. 240 TAMPA FL 33624-6370
--	--



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3494551	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CUNILL; BUENAVENTURA C 5020 GUNN HWY SUITE 240 TAMPA FL 33624-6370				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code

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

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000018254 BC2 MANAGEMENT, INC. 5020 GUNN HWY., STE. 240 TAMPA FL 33624-6370	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	300005109143--4
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	-03/15/02--01006--006
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	***141.25 ***141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: *[Signature]* **O. CUNILL** 3/4/02 813/269-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)