

**- 2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90015 017 \*\*\*150.00

0273982

**DOCUMENT # P00000027308**

1. Entity Name  
**BCK INVESTMENTS, INC.**

Principal Place of Business <b>4801 S. UNIVERSITY DR.,STE.308W          DAVIE FL 33328</b>	Mailing Address <b>4801 S. UNIVERSITY DR.,STE.308W          DAVIE FL 33328</b>
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701085



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1001371</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent  
**PETERSON, RICK  
 4801 S. UNIVERSITY DR.,STE.308W  
 DAVIE FL 33328**

7. Name and Address of New Registered Agent  
 Name **CRAIG M ISROW**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7064 MANDARIN DR.**  
 City **BOCA RATON** FL Zip Code **33433**

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 *X Craig M Isrow* (NOTE: Registered Agent signature required when reinstating) DATE **X 1/13/2001**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETERSON, RICK</b> <b>4801 S. UNIVERSITY DR.,STE.308W</b> <b>DAVIE FL 33328</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>CRAIG ISROW</b> <b>7064 MANDARIN DR.</b> <b>BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *X Craig M Isrow* **1/13/2001** **5617060000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)