

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

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90083 004 \*\*\*150.00

**DOCUMENT #** P01000020417  
1. Entity Name **BC BAKERO CONSTRUCTION, INC.**

**DO NOT WRITE IN THIS SPACE**

**B0053597**

2. Principal Place of Business **24 Marmack Dr**  
Suite, Apt. #, etc.

3. Mailing Address **24 Marmack Dr.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Lake Worth, FL 33461** City & State **Lake Worth, FL 33461** 4. FEI Number **65-1088249** Applied For  Not Applicable

Zip **33461** Country **Palm Beach** Zip **33461** Country **Palm Beach** 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Maria Baquero**

Street Address (P.O. Box Number is Not Acceptable)  
**24 Marmack Dr**

City **Lake Worth** **FL** Zip Code **33461**

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* **Luz Maria Baquero** DATE **X** **3-15-02**

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Maria Baquero 24 Marmack Dr Lake Worth, FL 33461</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President Luis Salazar 24 Marmack Dr. Lake Worth, FL 33461</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X* **Luz Maria Baquero** DATE **X** **3-15-02** DAYTIME PHONE # **8485272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)