FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91514 030 ***150.00

DOCUMENT # P01000081400

1. Entity Name
B/G ENVIOS, CORP

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045268

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2. Principal Place of Business	3. Mailing Address
6451 N University Dr	6451 N University Dr
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. 102
City & State TAMARAC FL	City & State TAMARAC FL
Zip 33321 Country USA	Zip 33321 Country USA

4. FEI Number 65-113 7530 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name TIBIZAY VOS

Street Address (P.O. Box Number is Not Acceptable) 3753 ESTEPONA AVE

City MIAMI **FL** Zip Code 33178

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 _____ 04-19-2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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	PRES
NAME	TIBIZAY VOS
STREET ADDRESS	3753 ESTEPONA AVE
CITY-ST-ZIP	MIAMI FL 33178
TITLE	VP
NAME	GUIDO DIAZ
STREET ADDRESS	3753 ESTEPONA AVE
CITY-ST-ZIP	MIAMI FL 33178
TITLE	
NAME	
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CR2E034B (12/01)

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: _____ 04-19-2002 305-4777768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #