PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 563539

BPG LAW OFFICE MANAGEMENT CORP.

Principal Place of Business 2748 S. W. 87TH AVENUE .

2. Principal Place of Business

MIAMI FL

Sulte, Apt. #, etc.

City & State

Zio

21

22

24

Mailing Address

2a, Malling Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Zip

2748 S. W. 87TH AVENUE

MIAMI FL 33165 MIAMI FL 33165

Country

9. Name and Address of Current Registered Agent

25

GOLDFARB, BERNARD P.

2748 S. W. 87TH AVENUE

DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 03/29/1978 Applied For 59-1850731 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required \$5:00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 10. Name and Address of New Ragistered Agent Street Address (P.O. Box Number is Not Acceptable) 85 Zip Code FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

FILED

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90019 028 ***150.00

==::

====

≡ 8847 (...)

=:::::

agent. I ar	n familiar with, and accept the obligations of,	Section 607,0505, Florida	a Staintes.				1
SIGNATURE	Signature, typed or printed name of registered agent and title is	spplicable. (NOTE: Re	egistered Agent signature n	equired when reinstating)	DATE		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PT	(DELETÉ	1.1 TITLE			Change	Addition
NAME	GOLDFARB, BERNARD P.		1.2 NAME				
STREET ADDRESS	2748 SW 87TH AVENUE		1.3 STREET ADDRESS				
CMY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	V	DELETE	2.1 TITLE			☐ Change	☐ Addition
.NAME +	- GOLDFARB, SHARON	د پر پیس ید در می <u>د</u>	22NAME .		· • · -		
STREET ADDRESS	2748 SW 87TH AVENUE		23 STREET ADDRESS				ļ
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP				
TITLE	AS	DELETE	3.1 TITLE			☐ Change	Addition
NAME	FEBLES, AMY E.		32 NAME				
STREET ADDRESS	2748 SW 87TH AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP				
III/E	S	☐ DELETE	4.1 TITLE			Change	Addition
NAME	PELEGRIN, GRETA		4.2 NAME				
STREET ADDRESS	2748 SW 87 AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		-	Change	Addition
NAME			52 NAME	•			- 1
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				-
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-SY-ZIP		•	6.4 CITY-ST-ZIP				

Country

81

82

83

30

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: