FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 586641  1. Entity Name  BFTG HOLDING COMPANY, INC.						Feb 09, 2001 8:00 am Secretary of State 02-09-2001 90121 001 ***317.50					
Principal Place of Business 2665 \$ BAYSHORE DR., #301 MIAMI FL 33133		Mailing Address 2665 S BAYSHORE DR. #301 MIAMI FL 33133									
2. Principal	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State				4. FEI Number	59-2742556			plied For t Applicable	7
Zip	Country	Zip	Count	ry		5. Certificate of	of Status Desired		3.75 Add	itional	1
	6. Name and Address of Current R	egistered Agent	T			7. Name and	Address of New Re			-	1
				Name							1
BOMSTEIN, BRIAN E. ESQ. 2665 S BAYSHORE DR SUITE 301			- *	Street A	Address (P.	O. Box Number	is Not Acceptable)	l	· · · · ·		1
	MI FL 33133		-	City	•			FL	Zip Code	<del></del>	
Tax filing (See crite	Signature, typed or printed name of registered agent and poration is eligible to satisfy its Intangible prequirement and elects to do so. eria on back)	FILE NOW!!! After MAY 1, 200 Make Check Payable	FEE I	S \$150. vill be \$!	00 550.00	Trus	ition Campaign Fina t Fund Contribution	. 🗆	Ádded	<b>0</b> May Be to Fees	_
11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MIAMI FL 33133 VD ERTEL, DAVID	Delete	CITY- TITLE NAME STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP		ADDITIONS/C	CHANGES TO OFFIC		RECTORS  Change  Change	Addition	100/01/ 100/000
NAME STREET ADDRESS CITY-ST-ZIP	MISCHEL, LAURA 2665 S BAYSHORE DR., #301 MIAMI FL 33133	HEL, LAURA S BAYSHORE DR., #301 II FL 33133		T ADDRESS ST-ZIP			7		Change	Addition	-  -  -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SORENSON, MICHAEL 2665 S BAYSHORE DR., #301 MIAMI FL 33133	5☑ Delete	NAME STREE CITY-	T ADDRESS ST-ZIP	2665	E. Boms S. Baysh	ore Dr., #:		] Change	<b>⊠</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREE CITY-:	T ADDRESS ST-ZIP					] Change	☐ Addition	\ \ .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP					Change	☐ Addition	
indicated of the co	certify that the information supplied with the don this report or supplemental report is tropporation or the receiver or rustee empower, or on an attachment with an laddress, with an laddress, with an laddress.	ue and accurate and that my rered to execute this report a	/ sianatu	ire shall h	ave the sa	me legal effect	as if made under oa	eth: that I am a	an officer o	or director	