

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90110 045 \*\*\*158.75

**DOCUMENT # 586641**

1. Entity Name  
**BFTG HOLDING COMPANY, INC.**



Principal Place of Business  
**2665 S BAYSHORE DR., #301  
MIAMI FL 33133**

Mailing Address  
**2665 S BAYSHORE DR., #301  
MIAMI FL 33133**



2. Principal Place of Business  
**4425 Ponce de Leon Blvd  
Suite, Apt. #, etc.  
4th FLOOR**

3. Mailing Address  
**4425 Ponce de Leon Blvd  
Suite, Apt. #, etc.  
4th FLOOR**

City & State  
**Coral Gables FL**  
Zip  
**33146**

City & State  
**Coral Gables FL**  
Zip  
**33146**

4. FEI Number  
**59-2742556**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

**BOMSTEIN, BRIAN E. ESQ.  
2665 S BAYSHORE DR  
SUITE 301  
MIAMI FL 33133**

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

Name  
**BRIAN E. BOMSTEIN, ESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**4425 Ponce de Leon Blvd  
4th FLOOR**  
City  
**Coral Gables** FL Zip Code  
**33146**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BRIAN E. BOMSTEIN** 2/6/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                       |                                            |
|------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HECTOR, NANCY T<br>2665 S BAYSHORE DR., #301<br>MIAMI FL 33133  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DEVP<br>ERTEL, DAVID<br>2665 S BAYSHORE DR., #301<br>MIAMI FL 33133   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MISCHEL, LAURA<br>2665 S BAYSHORE DR., #301<br>MIAMI FL 33133    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BOMSTEIN, BRIAN E<br>2665 S BAYSHORE DR., #301<br>MIAMI FL 33133 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>CARR, THOMAS F<br>2665 S BAYSHORE DR #301<br>MIAMI FL 33133     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Delete            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                |                                                                                        |                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HECTOR, NANCY<br>4425 Ponce de Leon Blvd. 4th FLOOR<br>Coral Gables FL 33146     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DEVP<br>ERTEL, DAVID<br>4425 Ponce de Leon Blvd. 4th FLOOR<br>Coral Gables FL 33146    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>WEGNER, Robert A.<br>4425 Ponce de Leon Blvd 4th FLOOR<br>Coral Gables FL 33146   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BOMSTEIN, BRIAN E.<br>4425 Ponce de Leon Blvd. 4th FLOOR<br>Coral Gables FL 33146 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>CARR, THOMAS F.<br>4425 Ponce de Leon Blvd. 4th FLOOR<br>Coral Gables FL 33146   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BRIAN E. BOMSTEIN, Secretary** 2/6/03 305-341-5611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0224100 AV

CR2E034 (10/02)