

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90310 002 ***150.00

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DOCUMENT # F00000002912

1. Entity Name
BGL I, INC.



Principal Place of Business
**300 W. WASHINGTON, STE 1505
CHICAGO IL 60606**

Mailing Address
**300 W. WASHINGTON, STE 1505
CHICAGO IL 60606**

2. Principal Place of Business

**125 S. WACKER DRIVE
Suite, Apt. #, etc.
1150**

3. Mailing Address

**125 S. WACKER DRIVE
Suite, Apt. #, etc.
1150**

City & State

CHICAGO IL

City & State

CHICAGO IL

Zip

60606

Country

COOK

Zip

60606

Country

COOK

4. FEI Number

36-4056582

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

**TORRES, RICARDO
9000 SHERIDAN ST, SUITE 147
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 **PCD** ☐ Delete
NAME **BAILIN, MARK**
STREET ADDRESS **2572 OAKTON CT.**
CITY-ST-ZIP **LISLE IL**

TITLE **VD** ☐ Delete
NAME **GOLDBERG, HOWARD**
STREET ADDRESS **2770 THE MEWS**
CITY-ST-ZIP **NORTHBROOK IL**

TITLE **TD** ☐ Delete
NAME **LABRIOLA, PASQUALE**
STREET ADDRESS **15700 PINE ROAD**
CITY-ST-ZIP **OAK FOREST IL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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:

PASQUALE LABRIOLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LABRIOLA, TREAS. 3-12-03 (312) 236-3266

Date

Daytime Phone #

CR2E034 (10/02)