

2002 UNIFORM BUSINESS REPORT (UBR)

0110187 AT

DOCUMENT # **F96000003551**

1. Entity Name
BC INTERNATIONAL GROUP, INC.

FILED

02 NOV 15 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

150 WEST 30TH ST.
20TH FLOOR
NEW YORK NY 10001

Mailing Address

150 WEST 30TH ST.
20TH FLOOR
NEW YORK NY 10001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3701963**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, MARITZA

**1537 NW 65TH AVE, STE 7
PLANTATION FL 33313**

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 *Maritza Lopez*
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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SPYROPOULOS, CHRIS**
STREET ADDRESS **6 MONIKA CT.**
CITY-ST-ZIP **BETHPAIGE NY 11714**

TITLE ☐ Change ☐ Addition
NAME **SPYROPOULOS, CHRIS**
STREET ADDRESS **10 HICKORY DRIVE**
CITY-ST-ZIP **OLD BROOKVILLE NY 11545**

TITLE **V** ☐ Delete
NAME **ALCIVADES, JOHN**
STREET ADDRESS **12 THEODORE DR.**
CITY-ST-ZIP **PLAINVIEW NY 11803**

TITLE ☐ Change ☐ Addition
NAME **100008582731**
STREET ADDRESS **10/25/02--01009--013 **750.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

CR2E034 (4/02)

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

SIGNATURE:

Maritza Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/2002

Date

Daytime Phone #