

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2001 8:00 am**
Secretary of State

02-08-2001 90153 021 ***150.00

DOCUMENT # F99000005187**1. Entity Name**
BGLS INC.**Principal Place of Business****100 SOUTHEAST SECOND STREET, 32ND FLOOR**
MIAMI FL 33131**Mailing Address****100 SOUTHEAST SECOND STREET, 32ND FLOOR**
MIAMI FL 33131**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****4. FEI Number** **65-0949536**

Applied For

Not Applicable

Zip**Country****Zip****Country****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****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.**SIGNATURE**

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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** **PCD** ☐ Delete
NAME **LEBOW, BENNETT S**
STREET ADDRESS **100 SOUTHEAST SECOND STREET, 32ND FLOOR**
CITY-ST-ZIP **MIAMI FL 33131****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **V** ☐ Delete
NAME **LAMPEN, RICHARD J**
STREET ADDRESS **100 SOUTHEAST SECOND STREET, 32ND FLOOR**
CITY-ST-ZIP **MIAMI FL 33131****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **V** ☐ Delete
NAME **BELL, MARC N**
STREET ADDRESS **100 SOUTHEAST SECOND STREET, 32ND FLOOR**
CITY-ST-ZIP **MIAMI FL 33131****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VCFO** ☐ Delete
NAME **VAN SICLEN, JOSELYNN D**
STREET ADDRESS **100 SOUTHEAST SECOND STREET, 32ND FLOOR**
CITY-ST-ZIP **MIAMI FL 33131****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **EIDE, ROBERT J**
STREET ADDRESS **70 EAST SUNRISE HIGHWAY, SUITE 415**
CITY-ST-ZIP **VALLEY STREAM NY 11581-1264****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **PODELL, JEFFREY S**
STREET ADDRESS **70 EAST SUNRISE HIGHWAY, SUITE 415**
CITY-ST-ZIP **VALLEY STREAM NY 11581-1264****TITLE** ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **SHARPE, JEAN E.**
CITY-ST-ZIP **462 HAINES ROAD**
MT. KISCO, NY 10549**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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc N. Bell

01/12/01

(305) 579-8000

Date

Daytime Phone #

CR2E034 (10/00)