

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90055 026 ***150.00

DOCUMENT # F99000005187

1. Entity Name
BGLS .INC.

Principal Place of Business Mailing Address
100 SOUTHEAST SECOND STREET, 32ND FLOOR 100 SOUTHEAST SECOND STREET, 32ND FLOOR
MIAMI FL 33131 MIAMI FL 33131

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 **65-0949536** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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.

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, 2002 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

| | | |
|----------------|---|---------------------------------|
| TITLE | PCD | <input type="checkbox"/> Delete |
| NAME | LEBOW, BENNETT S | |
| STREET ADDRESS | 100 SOUTHEAST SECOND STREET, 32ND FLOOR | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LAMPEN, RICHARD J | |
| STREET ADDRESS | 100 SOUTHEAST SECOND STREET, 32ND FLOOR | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BELL, MARC N | |
| STREET ADDRESS | 100 SOUTHEAST SECOND STREET, 32ND FLOOR | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | VCFO | <input type="checkbox"/> Delete |
| NAME | VAN SICLEN, JOSELYNN D | |
| STREET ADDRESS | 100 SOUTHEAST SECOND STREET, 32ND FLOOR | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | EIDE, ROBERT J | |
| STREET ADDRESS | 70 EAST SUNRISE HIGHWAY, SUITE 415 | |
| CITY-ST-ZIP | VALLEY STREAM NY 11581-1264 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PODELL, JEFFREY S | |
| STREET ADDRESS | 70 EAST SUNRISE HIGHWAY, SUITE 415 | |
| CITY-ST-ZIP | VALLEY STREAM NY 11581-1264 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------------|--|
| TITLE | CDCEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEBOW, BENNETT S. | |
| STREET ADDRESS | 100 SOUTHEAST SECOND STREET, 32ND FLR | |
| CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | EVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAMPEN, RICHARD J. | |
| STREET ADDRESS | 100 SOUTHEAST SECOND STREET, 32ND FLR | |
| CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | DPCOO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LORBER, HOWARD M. | |
| STREET ADDRESS | 100 SOUTHEAST SECOND STREET, 32ND FLR | |
| CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 REQUIRED

January 11, 2002

(305) 579-8000

Signature and Title of President and Secretary

Date

Daytime Phone #

CR2E034 (9/01)